Abstracts for conference presentations on

Tuesday 20th August
Encouraging Equity of Access to Mental Health Services for those in Need

The escalating costs of health care combined with the government's desire to obtain higher quality care have created tensions in the movement to increase access to mental health care. Resource allocation in an era of managed care requires a framework for deciding who should receive mental health care in a health care system overburdened by treatment demands but with limited human and monetary resources. Three alternative criteria for resource allocation are presented and discussed. The first considers need of mental health care as a point of departure. Risk adjustment in the payment structure is considered as a way to identify and pay accordingly to need. The second criterion focuses on the poor and uninsured as the target group for public mental health funds. This approach favors applying income eligibility criteria to curtail access and ensure that the safety net is available for those with limited resources. The third criterion directs treatment to those who might benefit more from mental health care. The emphasis is on providing mental health care to those for whom treatment will improve the quality of life, reduce burden and suffering, and lessen the health and social consequences of illness. All of these approaches in resource allocation are applied, illustrating some of the limitations. A fourth criterion is suggested, the vulnerable community criterion. This resource allocation criterion is developed combining two need assessment frameworks (McKinlay and Marceau, 1997; Aday, 2001). Social and community interventions can encourage more equitable access to mental health services by assuring that treatment is proactive rather than reactive to disability, delivered to those in need rather than to those who seek care, and sustained outside intermittent clinical supports. The presentation addresses the need to recognize the limitations of a fragmented, underfunded and clinically oriented mental health system. Drawing from recent theoretical and research literature, this alternative criterion to resource allocation is proposed, building social and human capital with vulnerable communities as a basis for equitable mental health care. The challenges in moving to a community criterion for health policy are discussed.

Two of Australia's leading researchers will present important new information about research into the causes, treatment and management of psychoisis. Stan Catts will give an update on schizophrenia research, and Anthony Harris will give an update on early intervention for psychosis.

Beverley Raphael: This paper will review the evidence base and consensus regarding mental health aspects of disasters. It describes the different types of disasters including terrorism and chemical, biological and radiological as well as other threats. Mental health outcomes, assessment and immediate and subsequent mental health interventions will be described and the system in place for mental health disaster response in NSW emphasised. Derek Silove: A major issue in disaster management is whether it is worthwhile to screen survivors for psychological reactions in order to identify those at risk of longer term psychiatric morbidity. If a high risk group could be identified, then it may be justifiable to give them preferential attention by monitoring their adjustment closely and intervening early if they are showing signs of persisting posttraumatic stress reactions. Some preliminary data derived from motor
vehicle accident survivors will be presented to indicate that it may be possible to use screening measures to predict those at risk. Further research across diverse disaster settings will be necessary to confirm the findings.

**S006 Community Attitudes, Stigma and the Media**  
20/08/2002 From: 1130 To: 1300 Venue: Harbourside Meeting Room 2  
**Paper 20 Minutes: Mental Health as Stigma or Community Wellbeing? The Case of 'gone missing' in Queensland**  
Lorna Moxham  Daniela Stehlik

A decade after Burdekin, and 30 years post-deinstitutionalisation, a recent event in Queensland has shown the fragility with which people with mental illness are 'integrated' into Australian society. Between January 19th 2002 and January 22nd 2002 Mark Briscoe appeared to abscond from the Wolston Park Hospital, a psychiatric institution in Brisbane. During the days when he was being sought, it emerged, via the media, that many other people with mental illness had also 'absconded' from Queensland institutions, and were 'at large' in the community. By the time that Briscoe was found still in the grounds of Wolston Park Hospital Government policies towards people with mental illness in Queensland were being reviewed, and currently a more custodial approach is being developed. This paper describes and analyses this event and argues that in the name of community well being, responses by the media and the State Government to this have demonstrated the deep stigma that still appears to hold back true integration. Learning Objectives 1. People in the audience will gain an appreciation of how stigma continues to pervade all aspects of society in Queensland. Audience members will understand how events as portrayed in the media can lead to government reactions which actually are in odds wit the states mental health plan and the national mental health plan in terms of least restrictive care. 2. Stigma and media representation of mental illness continues to be relevant as stigma remains a major barrier to community integration.

**S006 Community Attitudes, Stigma and the Media**  
20/08/2002 From: 1130 To: 1300 Venue: Harbourside Meeting Room 2  
**Paper 20 Minutes: What is Mental Illness? Pictures of Mental Illness that Lead to Discrimination**  
Mary O'Hagan

There are many contested views on the nature of mental illness. The four most common views are that mental illness is biological, psychological, sociological or spiritual in nature. Three underlying assumptions about mental illness can lead to discrimination. They are that mental illness has no positive meaning or value, it originates in the individual and that it is outside the person's control. The biological view followed by the psychological view tend to support these assumptions the most. Some views of mental illness don't support discriminatory assumptions; mental illness as a crisis of being, as a minority experience or as creative genius. People in the mental health sector and anti-discrimination programs often present biological and psychological views of mental illness to service users and the public. This may thwart their ability to reduce discrimination, unless some other views on mental illness are emphasised. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? (Not what you are going to teach, but what they are going to gain.) They will learn that some views on the nature of mental illness can reduce discrimination while others can increase it. The presentation will give them an opportunity to 'unpack' and question their beliefs and practices. 2. How is this presentation relevant to mental health services/issues? It is relevant because one of the roles mental health workers have in a recovery oriented service is to reduce discrimination within services and in the wider community. Their views on the nature of mental illness are fundamental to how they fulfill their anti-discrimination role and deliver services generally. These views are often implicit and therefore unexamined. This paper provides a framework for mental health workers to evaluate how their own views on the nature of mental illness could either reduce or increase discrimination.
S006  Community Attitudes, Stigma and the Media
20/08/2002  From: 1130 To: 1300  Venue: Harbourside Meeting Room 2
Paper 20 Minutes:  Working with the media through pre-service training
Lisa Reardon   Trevor Hazell   Karen Vincent
In recent years the role of the media in promoting positive images of mental health has been the focus of a range of campaigns at national, state and local levels. Similarly, many studies have analysed the association between media portrayal of suicide and imitation or ‘copycat’ suicide. Recommendations for reporting mental illness and suicide have been developed and incorporated into a resource kit for Australian media professionals, funded and distributed nationally by the Commonwealth Department of Health and Ageing. To support the work being undertaken with working journalists, a similar campaign has been developed focusing on journalism students. The Hunter Institute of Mental Health, supported by funding from the Commonwealth Department of Health and Ageing, has developed a kit of multi-media curriculum resources based on applying principles of ethical journalistic practice. Developed in collaboration with journalism academics, the resources include case studies on CD-rom and video, suggested exercises, lecture materials, and examples of recent reporting on suicide and mental illness. These innovative resources, which will be show-cased during the presentation, encourage students to consider the impact of their reporting, and discern between responsible reporting and sensational reporting in relation to mental illness and suicide. Learning objectives: 1. To promote an understanding of the role of pre-service training in changing community attitudes towards mental illness. 2. To share experiences of working with universities to incorporate mental health promotion into curricula.

S007  Innovative Treatment Technologies
20/08/2002  From: 1130 To: 1300  Venue: Harbourside Meeting Room 3
Paper 20 Minutes:  Working Together to Reach People Like Us
Leanne Pethick   Liz Ward   Meredith Douglas
People Like Us, depressioNet was established as an independent, charitable service in June 2000 to address the issues and provide solutions for 'people like us' living with depression and related conditions. Nine months later, with no financial support, depressioNet.com.au became the top ranking Australian Health & Medical Internet site. This paper explores the needs that have driven this unprecedented growth and the solutions provided. It discusses the primary needs that often must be addressed before professional help and treatment is sought and the growing acceptance of personal responsibility for treatment and outcomes. Due to the unique history and development of depressioNet, we have been able to learn as we grew and now are the only Health organisation in Australia to provide real-time online communication forums. Working Together to Reach the People With the assistance of a grant from the Myer Foundation, depressioNet is establishing the World's first Online Visitor Care Center. This Center aims to provide a quality environment for providing the depressioNet 24 hour visitor care, and will also enable depressioNet to provide end-to-end solutions for all other health related organisations. We are offering all reputable service organisations the opportunity to share our experience and technology in software, guidelines and processes, Online Visitor Care, and development. This paper will present an overview of these solutions and how we can work together with other organisations for our mutual benefit, and most importantly, the benefit of the people we exist to serve.

S007  Innovative Treatment Technologies
20/08/2002  From: 1130 To: 1300  Venue: Harbourside Meeting Room 3
Warrick Arblaster   Julie Smith
TCH psychiatry and mental health services have developed a demonstration model of a clinical practice improvement framework that brings together evidence-based medicine, clinical practice guidelines and health outcomes evaluation. Supported by web-enabled
technology, we explored the adaptability, acceptance and use of the framework by all stakeholders involved in mental health delivery. The model is constructed from an evidence base and uses the Protocol Hypothesis Testing (PHT) methodology developed by the Centre for Advances in Epidemiology and IT, TCH. The diagnosis and setting chosen for the demonstration was deliberately kept narrow (paranoid schizophrenia within an acute in-patient facility) so as to allow for practice experience, complexities and other modifiers to be added and scientifically tested. We envisage that over time the demonstration will allow us to better understand and develop useful ways of incorporating clinical practice guidelines in the complex world of mental health service delivery. Furthermore, we expect that the coupling of guidelines with the evaluation of health outcomes will provide a valuable quality improvement mechanism that clinicians, consumers and carers welcome as part of everyday clinical practice. Learning objectives 1.Insight into the important connection between evidence based practice and improved outcomes, using pathways that are commonly understood by consumers, carers and clinicians. 2.Will assist with involving all key stakeholders in improving clinical outcomes (consumers, carers, clinicians and service providers).

S007 Innovative Treatment Technologies  
20/08/2002 From: 1130 To: 1300 Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: Using Computers to Improve Cognitive Skills for people with Schizophrenia  
Jo Gorrell Pam Rogers Antoinette Redoblado-Hodge Bev Moss Kate Veljaca  
The Neuropsychological & Educational Approach to Remediation, developed in New York, provides an opportunity for people with Schizophrenia to practice and improve cognitive function. Research indicates that impaired cognitive function has a marked effect upon social functioning and outcome that are over and above the relationship seen with positive and negative symptoms. This program has been introduced to several Area Mental Health Services in Sydney including early psychosis services and inpatient rehabilitation units. In small group settings, participants use computers and educational software to target cognitive weaknesses. The program also provides an opportunity to use cognitive strengths, to learn computer skills and behaviours relevant to a learning environment and generally to have a positive learning experience. Since 2001 more than 20 individuals have participated in the program. Gains on measures of cognitive function and self-esteem have been made. The program has been instrumental in assisting some individuals in their study or work goals. Participants report high levels of enjoyment and satisfaction. Computerised cognitive remediation has been well received by participants and by clinical teams and appears to have both specific (cognitive) and non-specific benefits. Learning objectives: 1.Benefits of implementing computerised cognitive remediation. 2.Relevant to anyone interested in rehabilitation and recovery in schizophrenia.

S008 Inpatient & Residential Rehabilitation  
20/08/2002 From: 1130 To: 1300 Venue: Harbourside Meeting Room 4  
Paper 20 Minutes: The effects of relocation of psychiatric units on staff job satisfaction and patients' negative behaviours  
Esther Yong  
Three psychiatric units in Porirua Hospital, Wellington were relocated to new, purpose-built units in 2001. The aim of this study was to investigate how the improvement on the unit's physical environment could affect staff's workplace satisfaction and patients' behaviours. Literature review showed that this study was the first to examine the effects of the unit's physical environment on both staff and patients. This study design also allowed the researcher to examine the possible mediating/interacting factors between staff and patients (which would not be extracted if the study had only staff or patient participation). Data collection was completed in two ways. First, staff were asked to complete two questionnaires about how they feel about their job and their work environment prior to and after the building relocation. Second, statistical data about the staff turn-over rate, number of sick days taken,
and number of incidents and accidents that had occurred in each of the three units before and after the relocation were also collected. Results appear to suggest a positive relationship between the improvement in unit environment and staff's workplace satisfaction. Results and implications of this study will be discussed in greater depth at the conference presentation.

Learning Objectives: 1. The audience at the conference will be provided with a model that is able to use objective quantitative measures and evidence to show how one's physical environment can affect both the service provider and recipients. In addition, people will also be able to observe how staff's attitudes can impact on clients' behaviours, and vice versa.

2. The findings from this study have several important implications for mental health service. First, the results highlighted the importance of a pleasant and healthy physical environment on staff morale and patients' behaviours. Furthermore, this study also illustrated that a change in the physical environment frequently brings about changes in practice and systems, which can also influence staff morale and patient care.

S008 Inpatient & Residential Rehabilitation
20/08/2002 From: 1130 To: 1300 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: The Acute Inpatient Experience: Treatment or Trauma?
Christine Palmer

It is argued that the messages from consumers today have a more powerful influence because the audience has been prepared to hear them in a new way. However, there are many explicit consumer accounts of the inpatient experience indicating that mental health care in this environment is harmful, or at least that it can be for some. But, despite the very public reporting of these experiences, there remains an emphasis on responding to acute mental distress with incarceration in hospital wards, often in locked environments. Even though there is a political mandate to embrace the principles of recovery and engage people collaboratively in the face of mental distress, there is an opposing political pressure to ensure safety in the most cost-effective manner. Safety encompasses consumers, the public, and of course, the good name of the health service. This has resulted in a more custodial approach to caring for people with acute mental distress. Following consideration of the consumer experience, the aim of this paper is to explore some of the factors that have shaped the way acute inpatient care is delivered, including political forces, economic constraints, and organisational demands.

1. The audience will be diverted to consider the factors influencing how acute inpatient treatment is delivered and to contemplate alternative ways of providing treatment for people experiencing mental distress.

2. Because this paper challenges the status quo, it has the potential to cause a reconsideration of current practices and support the shift towards greater collaboration between professionals and consumers.

S008 Inpatient & Residential Rehabilitation
20/08/2002 From: 1130 To: 1300 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Risky Decisions: Respecting Dignity of Risk in Residential Rehabilitation Settings
Glenn Rutter Nicholas Cleave

The principle of self-determination requires that individuals have the opportunity to make key decisions concerning themselves even though the decisions may lead to negative outcomes. In a residential rehabilitation setting enabling self-determination and thus respecting the dignity of risk poses particular challenges, not least because of the obligations imposed by duty of care. This paper examines how dignity of risk issues are managed at the Werribee Mercy Community Care Units, a residential rehabilitation service in the Western suburbs of Melbourne. The paper outlines the strategies used to ensure that dignity of risk is respected in this setting and explores the ethical, legal and practice issues that it poses at an individual and service level.

Learning Objective 1: Participants will gain an appreciation of the challenges posed by actively respecting dignity of risk.

Learning Objective 2: This topic is relevant to mental health services in that it explores how an important ethical principle can be realised in practice.
The Community Liaison Project (2000) investigated concerns expressed by the Community Mental Health Teams that clients of the service were experiencing financial difficulty in accessing primary health care. This situation was an identified barrier to discharge and the overall health of clients was at risk. This project undertook a survey of Otago General Practitioners. The results were published in the New Zealand Medical Journal, June 2001. The major outcome of this was the finding that General Practitioners identified time and cost issues as major obstacles to primary care for people with a serious mental disorder. This project and a group of Trainee Interns from the Department of Preventive and Social Medicine, Otago Medical School, researched the Physical Health of People with Serious Mental Illness in Dunedin (PHPSMI unpublished). The following conclusion was reached: 'There are physical health needs of clients in the community, which are not being adequately addressed at present. Therefore, our clients are at risk of excess mortality and morbidity. There is potential for improvement through adequately funded primary health care designed to meet the needs of this group.' (PHPSMI) This paper will describe how the General Practitioner Link project with a fundamental approach, minimal budget and 1.5 FTE persuaded organisations to work collaboratively to overcome the identified financial barriers to primary health care. This was achieved with client input from the CAN (Consumer Advisory Network) and individual client participation, encouragement and support in the research. Outcome data indicates that clients have attended their General Practitioner regularly and have experienced a marked improvement in general health.

Learning Objectives:
1. What will people in the audience gain or learn from attending this presentation?
This paper will describe how the General Practitioner Link project with a fundamental approach, minimal budget and 1.5 FTE persuaded organisations to work collaboratively to overcome the identified financial barriers to primary health care.
2. How is this presentation relevant to mental health services/issue?
Clients of the mental health service were reliant on secondary services to provide for their basic health care needs such as contraception or on going health concerns such as hypertension. Clients were also unwilling to be discharged from the service as they faced a financial barrier in attending their nominated GP.

The General Practice and Psychiatry Partnerships Initiative (GPAPP) is coordinated by Queensland Divisions of General Practice and funded by Queensland Health under the National Mental Health Strategy. The general aim of GPAPP, now in its third year, is to enhance the provision of mental health services through more effective utilisation of primary health care. In addition to a statewide component, the GPAPP comprises three separate pilot projects:
1. A metropolitan pilot, based on the CLIPP model, which includes psychiatrists providing one-off consultations to general practitioners in their rooms, and also the transfer of patients from public mental health services back to primary care.
2. A provincial pilot, which focuses on provision of mental health education and training to GPs and improved communication between GPs and the Integrated Mental Health Service.
3. A rural pilot, which focuses on the sustainable development of GP knowledge and skills consistent with the provision of comprehensive services in an environment with limited specialist resources. Preliminary data from all aspects of the initiative will be presented.

Learning Objectives:
1. Participants will learn about the outcomes to date in all three of the pilot projects within GPAPP (metropolitan, provincial and rural), as well as the statewide component, and lessons learnt during project development and implementation.
2. Partnerships is one of the three key themes of the Second National Mental Health Plan.
**S009  GP Shared Care: Outcomes of Innovative Projects**  
20/08/2002  From: 1130 To: 1300  Venue: Harbourside Meeting Room 5  
Paper 20 Minutes:  GP treatment of patients discharged from public mental health services: 6 month outcomes from a randomized controlled trial.  
Robert King  Len Bickman  Ilse Bignault  
As part of a larger GP shared care pilot project, patients from 4 major mental health services in South East Queensland participated in a randomized controlled trial in which they were either transferred to the care of a GP or continued to receive their mental health services from the public Integrated Mental Health Service (wait list). In order to be included in this part of the pilot, patients had to be stable and willing to receive their clinical care from a GP who was participating in the pilot. Patients were evaluated using standardized measures of clinical and psychosocial status following assessment of suitability for participation in the pilot and after six months. After the second evaluation, patients on the wait list were transferred to a GP. The paper will include a discussion of issues and difficulties associated with the study methodology and preliminary six month outcome results for the two groups. Learning Objectives: 1. Participants can expect to: (c) develop an understanding of issues and methods relevant to outcome evaluation of GP treatment of people with a history of public mental health treatment of mental illness; and, (d) learn about clinical and psychosocial outcomes for people discharged to GP treatment compared with those who continued treatment in a public mental health service. 2. GPs provide a major component of mental health care and have a potentially important role in providing continuing clinical services for people with serious but stable mental illness.

**S010  Medication Adherence**  
20/08/2002  From: 1130 To: 1300  Venue: Harbourside Meeting Room 6  
Symposium 1.5 Hrs: Medication Adherence  
Gordon Lambert  Timothy Coombs  Richard Gray  Mitchell Byrne  Frank Deane  
Paper 1: The Role of Mental Health Workers in Facilitating Medication Adherence. Tim Coombs, Frank Deane, Gordon Lambert and Rhonda Griffiths (Illawarra Institute for Mental Health) A range of factors have been associated with poor adherence including cognitive deficits, lack of insight, delusional beliefs about medication, or factors related to medication such as unwanted effects, previous treatment experience or the quality of the consumers relationship with their clinician. However, a number of interventions have demonstrated their ability to improve medication adherence. These interventions include the provision of educational material, behavioural strategies to reinforce medication adherence along with cognitive techniques that include techniques of motivational interviewing. Recent research undertaken in Australia indicates that nurses play a significant role in supporting medication adherence yet lack the knowledge skills and confidence to management medication adherence issues and identify a significant lack of training in developing skills to support the consumers medication adherence. This paper will outline the results of that research.  
Paper 2. Medication Mastery: Developing Quality of Life Through Managing Medication Needs. Enduring mental illness is recognised as a major cause of morbidity in Australia imposing significant social and economic costs. One of the major risk factors associated with relapse for people with mental illness is poor medication adherence. Evidence suggests that up to 80% of people who are commenced on medication do not take it as prescribed. This symposium will draw together three papers outlining the issues in the use of medication for the treatment of schizophrenia. The first paper details an exploration of the role of Australian mental health workers in facilitating medication adherence. The second paper outlines an empirically validated program from the United Kingdom, which enhances the skills of clinicians who assist consumers with medication matters. The final paper outlines an adaptation of the UK program for the needs of Australian clinicians and consumers.  
Paper 3: Medication Mastery: Medication Management in an Australian Context. Mitchell K. Byrne, Frank Deane, Gordon Lambert and Tim Coombs (Illawarra Institute for Mental Health) While schizophrenia as an illness is the same across international boundaries, neither the experience of schizophrenia nor mental health services response to it can be...
routinely equated. Culture, resources and even medication prescription ratios can vary greatly. This necessitates an appraisal of new technologies within the context of the treatment environment. This paper describes an adaptation of Gray’s ‘Medication Management Training’ for an Australian cohort. Issues relating to program delivery and content will be discussed.

A randomised controlled trial of medication management training for case managers  
Aim: To demonstrate that medication management training will lead to significant improvements in patients’ psychopathology.  
Background review: Non-compliance with antipsychotic medication is one of the main causes of relapse in people with schizophrenia. In controlled trials, medication management interventions such as compliance therapy have been shown to be effective in enhancing adherence. Case managers are ideally placed to deliver such interventions but require additional training to equip them with the necessary clinical skills.

Methods: Sixty case managers were randomised to either experimental (who received training immediately after the baseline assessment) or control (who continued with their routine care) groups. Each case manager identified two non-compliant patients on their caseload who were assessed by a research worker, who was blind to the training condition, at baseline, and six and twelve month follow up. The primary outcome was improved psychopathology measured using the PANSS.  
Results: At the six month assessment, there was a significant difference in PANSS total scores between the experimental and control groups. In the experimental group these improvements were maintained at twelve month follow up.

Comments/conclusions: This trial demonstrates that case managers can be trained to use compliance interventions that improve patient's psychopathology. Learning objectives: 1.Following the presentation the audience will have gained an understanding of the efficacy of a medication management training intervention in improving clinical outcomes in patients with schizophrenia. 2. Non-compliance with antipsychotic medication is a major cause of relapse and hospitalisation in people with schizophrenia. This presentation will address how medication management training can improve compliance and clinical outcomes in this population.

S011 Improving Consumer Participation
20/08/2002 From: 1130 To: 1300 Venue: Pyrmont Room 1
Workshop 1.5 Hrs: Improving consumer Participation and Representation in a Mental Health Service: A qualitative research study
John Wade    Cavell Zinski
This workshop will describe the process, results (6 themes and 15 conclusions) and recommendations of a participatory action research project undertaken by Challenge Trust, a non-government community mental health service in South Auckland. The paper will present results against the following objectives:  a) to review consumer participation in the organisation, including the effectiveness of an existing client representation (CR) system as a method for promoting consumer participation  b) to identify ideas, opportunities and methods for improving consumer participation in a way that is meaningful and effective for the consumer, staff and the organisation, including changes or improvement to the client representative system, and  c) to use a research method that helps to address the issue of consumer participation through its process and outcomes  
Literature on consumer participation confirms an international trend toward, and recognition of the value and need for consumer participation, including methods of representation, in mental health services. While the literature provides information about service gaps and needs, and what may facilitate or constrain participation and representation, including information by consumer authors, there is a lack of information about direct organisation experience of implementing strategies to improve consumer participation in all levels and activities of an organisation. How can well meaning providers and their staff empower consumers? Strategies and actions used to facilitate consumer involvement typically include: quality assurance systems; consumer satisfaction surveys; consumer advisory groups; employing consumers. While these methods do involve consumer participation they are often short term and do not ensure routine ongoing consumer involvement in planning, service delivery and decision making. The research gained multiple perspectives, including consumer, staff and independent external opinions about their understanding, views and experience of consumer participation and the client environment.
representation system. Participatory action methodology is used because of the value placed on providing practical solutions to routine real life problems. Participatory action research sets out to explicitly study something in order to change and improve it (Wadsworth, Y. 1998, p.2). To facilitate maximum creativity and imagination a critical reference group was established comprising consumer and staff stakeholders that could work closely throughout the research process. This reflects the 'participatory' element fundamental to the action research method, ensuring significant consumer involvement (e.g. as research assistant and co-interviewer, members of the reference group) throughout the research. The reference group had to reach agreement about the important issues and their relative priority, and then make recommendations, prioritise and plan for new improved actions to facilitate meaningful, effective consumer participation. The workshop will include time for questions and answers, and will also involve the audience in considering some important questions to be asked when evaluating consumer participation in a service: 1. Why should consumers participate? 2. In what roles do consumers need to participate? 3. What consumer participation has developed in your organisation (parts, levels, Maori, Aboriginal, Pacific nations)? 4. What has worked well and why? 5. Where are the gaps in consumer participation? 6. Why do these gaps exist? 7. What needs to change so the gaps are filled? A full copy of the research report will be made available. Learning Objectives: 1. People will learn how a participatory action approach involving different stakeholders can facilitate an evaluation of consumer participation in their organisation, and produce valuable, practical information for action to improve consumer participation. 2. This topic is highly relevant because consumer participation in mental health services is now government policy in many countries, including New Zealand, Australia and the United Kingdom. In New Zealand this includes a national mental health standard called Consumer Participation, which states that 'consumers will be involved in the planning, implementation and evaluation of the mental health service'. There is growing understanding that consumers have valuable experience, knowledge and ideas to contribute - that consumer participation should not be treated as a 'luxury item' but as a core element in developing high quality, cost effective, responsive mental health service (O'Connor, 1999).

S012 Young People: Acute & Residential Care Settings
20/08/2002 From: 1130 To: 1300 Venue: Pyrmont Room 2
Paper 20 Minutes: Expanding the brief of an adult acute community care team to an integrated approach to infants, children and adolescents with acute mental health needs.
Patrizia Fiorillo  Julie Ward
Over the past three years, the St. George Acute Community Care Team (ACCT) has expanded its role to include infants, children and adolescents in acute crisis and their families. The development of a new Infant, Child and Adolescent Mental Health Service (ICAMHS) based in the same Mental Health Centre has been the catalyst of these practice changes. Changes in the Intake system, assessment process and focus, role and scope of crisis intervention and planned follow-up have been surprisingly easy, considering the complex population served. This change has been enhanced by the secondment of an acute community care clinician to the ICAMHS, acting as a vehicle for the normalisation and integration of this essential service into acute care practice. This paper focuses on the increased access of infants, children and adolescents to the ACCT and ICAMHS services, how the two services have integrated their work, and the challenges and successes of new clinical knowledge and skills in often very complex family situations. Learning objectives: 1. The audience will gain a deeper understanding of acute presentations in children aged up to 18yrs old and the specialist interventions used in times of crisis. 2. This topic is relevant to mental health services and mental health issues as it demonstrates excellent inter-team integration and application of a capacity building model.
Endeavours to integrate young people who experience psychosis into positive peer environments

Dion Howard

In New Zealand and Australia, young adults typically leave the family home and establish households with peers. For young people with psychosis, many factors create barriers towards achieving this developmentally appropriate goal. Young people who have experienced psychosis often want supportive living arrangements where they can disclose their experience, and rely on others to support and include, rather than exclude, them. These people may not qualify for staffed supported accommodation, nor desire it, due to the stigma associated with institutional care. The perception also exists that living in a home that is staffed is 'accommodation', but not 'home'. Likewise, the alternative of independence without significant connection to positive peer groups is equally undesirable. In reality it can lead to loneliness, isolation, and vulnerability to exploitation from others. This paper will present the author's experience of both living in households with peers with psychiatric and intellectual disabilities, and his experience as a care manager in the Wellington Early Intervention Service, facilitating others to do the same. Examples will be presented.

Learning Objectives:
1. Attendees will gain an appreciation of the involvement of 'lay people' in the lives of clients of the mental health services, and the dramatic contribution that can make towards their wellbeing - of both the client and the support person.
2. Attendees will learn about a model of care that is truly community based, rather than community situated, and how to work with peer groups to achieve positive outcomes for young adult clients.

The rate of Aboriginal youth suicide in the Kimberley is twelve times that of the Australian national average (KAMSCI, 1999). The Kimberley Aboriginal Medical Services' Council Inc (KAMSCI) is a regional Aboriginal health resource body with a board drawn from the governing committees of the network of Aboriginal community controlled health services (ACCHSs) across the region. It identified the social and emotional wellbeing of Aboriginal youth as a priority to be addressed. The escalating rates of youth suicide and a growing sense of crisis within the community led KAMSCI to undertake a special youth-led project with the employment of 'Youth Advocate Workers' in 1999. This presentation will outline the background and report of the initiatives undertaken with this project.

Learning Objectives:
What will people in the audience gain or learn from attending this presentation? Participants will be able to identify key factors for constructive and effective mental health service delivery from an Indigenous perspective. How is this topic/issue relevant to mental health services & mental health issues? Continuing bandaid funding for such complex issues as family deaths, domestic violence, sexual abuse, child abuse, gang fighting, criminal behaviour, substance abuse, lack of self esteem, and a general sense of failure.

S013 Consumer Evaluation of MHS's

20/08/2002 From: 1130 To: 1300 Venue: Skyline Room 1

Symposium 1.5 Hrs: Consumer Evaluation of Mental Health Services: Not whether we should, but how we should

Gillian Malins Jon Strang Yvonne Eman Gordon Lambert Donna Huntriss Donna Foster Tony Turner Sandra Hunt Sam Aspden Gillian Malins Simon Champ Linda Viney Lindsay Oades

Facilitator: Barbara Tooth. This symposium will include three presentations, linked by their relevance to developing consumer evaluation methods for mental health. The Consumer Evaluation of Mental Health Services (CEO-MHS) project will be outlined, and the three papers will discuss what has been learnt by the project team about evaluating mental health services, and developing more valid, applied, research. Paper 1: CEO-MHS: There's no
evaluation without consumer evaluation, Strang, J., Eman, Y., Oades, L.G., Viney, L.L., Lambert, W.G., Malins, G Illawarra Institute for Mental Health, University of Wollongong, NSW, Australia. This paper provides an update on the development of the Consumer Evaluation of Mental Health Services (CEO-MHS). The project was funded by the Australian Research Council Strategic Partnerships with Industry in Research and Training (ARC-SPiRT) and included as partners: (a) representatives of consumer groups in the Illawarra and Shoalhaven, (b) academics from the University of Wollongong and the Illawarra Area Mental Health Services. The overall aim of the project is to develop a model of CEO-MHS and tools that consumers can use to evaluate mental health services. In this presentation, the objectives of CEO-MHS and the design of the research will be outlined. Broadly, the project consists of two stages. The first stage involves development of a model of evaluation and a series of tools that can be used by consumers, clinicians and service managers to measure the quality of services from consumer perspective. The second stage will involve, based on the model, a field trial of the new instruments at a site in the Illawarra Area Health Service. The paper will discuss progress of the project, which is now in its second year. Issues to be addressed will include the role of consumer researchers, the challenges and successes in developing a working partnership between consumers and established researchers, and the future implications of this approach to research. Learning Objective 1: Participants will be provided with an overview of the project CEO-MHS including the aims and design of the research. Learning Objective 2: Participants will have a better understanding of the importance and usefulness of collaboration between consumers and established researchers in the development of more valid applied mental health research. Paper 2: Consumers becoming Researchers: What it's like for us? Huntriss, D, Turner, T, Hunt S & Foster, D Illawarra Institute for Mental Health, University of Wollongong, NSW, Australia. The aim of this presentation is to provide a personal account of our involvement in a consumer research project. In September 2001, we were recruited as researchers to participate in the Consumer Evaluation of Mental Health Services (CEO-MHS) project funded by the Australian Research Council. Following a three-day training program we were involved in facilitating a series of five focus groups made up of consumers of mental health from the Illawarra and Shoalhaven regions of NSW. The main objectives of the focus groups were firstly to gather information about the needs of consumers in terms of mental health service provision. Secondly, it was to seek the opinions of consumers about how best the project might proceed to the next stage which will involve interviews with individual service users. Partnership forms an important part of the CEO-MHS and our participation in the project has provided us with an opportunity to work in collaboration with a group of researchers from the University of Wollongong. As part of this process we have been trained in the skills needed to facilitate a focus group, and developed the focus group format, working with some of the University researchers. This paper will reflect on our experience of both the training program and the focus groups. Learning Objective 1: Participants will have a better understanding of how consumer researchers can contribute to mainstream research. Learning Objective 2: Participants will have the opportunity to learn from the personal reflection of consumer researchers. Paper 3: What do consumers want in a Mental Health Service?: An analysis of focus group discussions. Aspden, S., Malins, G., Oades, L.G, Viney, L.L. & Champ, S. Illawarra Institute for Mental Health, University of Wollongong, NSW, Australia. This paper addresses the question what do consumers want in a mental health service? It provides an analysis of a series of five focus groups conducted as part of the Consumer Evaluation of Mental Health Services project (CEO-MHS). Focus groups were facilitated by several consumer researchers who had undertaken a three-day training program conducted at the Illawarra Institute for Mental Health, University of Wollongong (McLeod & Oades, 2001). Each focus group was audiotaped, tapes were then transcribed verbatim, and the transcripts analysed. Nine themes were identified, six of which related directly to how the participants perceived themselves in relation to mental health services. The presentation will describe the methodology used to analyse the transcripts and the role played by consumer researchers in the validation process. Finally, it will examine how the themes that emerged from the focus groups can be used to inform the development of a consumer evaluation instrument. Learning Objective 1:
Participants will be introduced to a partnership approach to data collection and analysis. Learning Objective 2: Participants will understand how information about what consumers want in a mental health service is important, in terms of service improvement and quality of service provision.

**S014 International Perspectives on Mental Health Services**  
*20/08/2002 From: 1130 To: 1300 Venue: Skyline Room 2*  
**Paper 20 Minutes: Human Rights for All in Nepal**  
**Hari Babu Tiwari**

The constitution of the kingdom of Nepal, promulgated in 1990, guarantees basic human rights to every citizen, and various Nepalese governments have also demonstrated their commitment to these rights through the ratification of some sixteen international human rights instruments, more than any other country in South Asia. This is stark contrast to the deep-rooted, traditional hierarchical power structure that prevails in Nepalese society. Nepal has ratified four of the seven ILO conventions on labour. However, bonded labour still exists (0.2% of total population) and many workers' legal rights are not recognized by their employers. Highly politicized trade unions also remain unable to press for charges. There is widespread discrimination against women and girls. Girl children, for instance, face particular problems. As in other countries in South Asia, parents in Nepal show a preference for sons. Girls are more likely to be allocated household tasks and less likely to go to school. Although the incidence has declined somewhat, many girls are still obliged to enter illegal child marriage. Children in Nepal are far from achieving their basic rights. Nearly half of all Nepalese children under the age of five die from preventable causes. The net enrolment rate in primary school for children aged 6-10 years is 70% but only 60% for girls. About 14.7% of 2.6 million children (aged 5-15 years) work, of which 1.7 are classified economically active of all working children, 39% (aged 10-14) have never been to school. The corresponding figure for those aged 5-9 years is 54.1%. Children who come into contact with the legal system can also be subject to abuse. Despite provisions in the children's Act (1992), there are no separate courts to try cases involving children, although HMG has instructed that separate courts could operate in such cases. Children suspected of having committed the police, illegally incarcerated pending trial and sometimes even beaten and tortured regularly detained. Aforesaid facts show that human right issues in Nepal are complex. On the other hand, scope, nature, issues, and prospects of human rights are not fully recognized by government and non-governmental organizations. The proposed workshop or symposium at the conference would provide sufficient opportunity to learn about advocacy and implementation modalities relating to human rights of different countries. This will help me and my organization to work in the older aged of the senior citizen and personally believe in democracy, human rights, and role of law. So the program will make my mother sentiment and responsibility to work for senior citizens of the country as well as to contribute to worlds.

**S014 International Perspectives on Mental Health Services**  
*20/08/2002 From: 1130 To: 1300 Venue: Skyline Room 2*  
**Paper 20 Minutes: Challenges and opportunities for organisation of mental health services in India**  
**R. Srinivas Murthy**

During the year 2001, there was a focus on mental health all over the world. The theme of the World Health Day (April 7, 2001) was Mental Health. The World Health Assembly (May 15, 2001) discussed mental health in one of the Ministerial sessions. The World Health Report 2001 presented the progress in the field of mental health, the existing services in the countries of the world and the approaches for the organization of mental care in all of the countries of the world. This focus is specially relevant to developing countries like India as the currently available services, human resources, infrastructure, legislation, funding are very inadequate. The challenges for the psychiatrists working in India are: (i) the low priority given to mental health in public health activities; (ii) the very low human resources for organizing care.
programmes; (iii) inadequate training in psychiatry for the undergraduate students of medicine; (iv) poor public awareness of mental health issues; (v) poor primary health infrastructure; (vi) inadequacies in the availability of the psychotropic medicines; (vii) lack of welfare programmes to support the persons and families with a mental illness; (viii) inadequate legislation and (ix) limited local and national information about prevalence, pattern, course and outcome of mental disorders. The opportunities utilized by the psychiatrists in India are: (i) the ability to organize services using a wide variety of interventions for mental health care (pharmacological, psychological and psychosocial); (ii) the acceptance world wide of the community care models for mental health care; (iii) the community tolerance and acceptance of ill persons; (iv) the availability of families as partners in care; (v) opportunity to integrate mental health care with primary health care; (vi) involvement of civil society in mental health care; (vii) opportunity to innovate programmes to suit the local, regional and national factors and (viii) demonstrate the cost benefit of mental health care and raise the importance of mental health in the community.

Mental health professionals in India have utilized these approaches in the last two decades. The successes, failures, as well as the lessons learnt are presented. WHR 2001 (2001) World Health Report 2001- Mental Health: New understanding, New Hope. World Health Organisation, Geneva.

**S014 International Perspectives on Mental Health Services**
20/08/2002 From: 1130 To: 1300 Venue: Skyline Room 2

**Paper 20 Minutes:** The Reform of the Mental Health System in Romania
Ralucca Nica

The aim of the presentation is to present the actual situation of the governmental and nongovernmental mental health system from Romania and to propose a framework for reforming it. The mental health care in Romania is focused at present on the psychiatric hospitals and they are subordinated to an excessively biological model. Somehow paradoxal, the number of psychiatric beds is one of the lowest in Europe. There is no formal communication between the long-term institutions and the ambulatory ones, the continuity of care often being limited to the continuity of a certain psychotropic drug. We cannot talk about a certain specialization and the concept of therapeutical team is inexistent as well as the concept of community care. The first and the only structures that initiated community care projects, antistigma programs were the nongovernmental organizations. Under the present circumstances, the necessity of the reform of the mental health system is evident. Romania should adopt a mental health strategy that should have as an aim to decrease the morbidity determined by the psychiatric conditions and to ameliorate the mental health parameters within the general population.

**Learning objectives** 1. The people who attend the session will be able to understand the difficulty of reforming an old system and learn about the possible framework to be followed when reforming a system. 2. The topic is relevant for mental health services and mental health issues as in order to improve people lives the reform is needed.

**S015 Education, Work & Recovery**
20/08/2002 From: 1130 To: 1300 Venue: Skyline Room 3

**Symposium 1.5 Hrs:** OUT THERE- consumers + health providers + community = positive mental health through training, education and work
Liz Newton Jan Corbishley Geoff Craig Robbie Renu Esther Raudonat

What do you do?' An often asked question of all of us. Work, training and educational pursuits help define who we are and the place we hold in society. The value of these roles cannot be underestimated in a person's recovery. Consumers demand and deserve real opportunities in vocational and educational spheres. So what's stopping the process of accessing these opportunities? Is it better to live with fear or regret? Fear, of failing, of rejection, of not coping? [for consumers and service providers] Or do we regret not giving it a go, or trying to change things? This symposium aims to reveal through a process of film, speakers and interaction that real work, training and education is both available and achievable for a broad range of people. We aim to briefly describe a successful local model of
service focusing on the components that create and maintain a healthy organisation. This is a necessary starting point for partnering consumers to challenge themselves in the recovery process. With support the rewards for the individual are great. Our message from this symposium is for both mental health service providers and consumers: Give it a go, get out there. Carpe Diem! Paper 1: Jan Corbishley. Opening Every Door into Education and Training. Education provides the pathway to individuals achieving their maximum potential either in enhancing their capacity to work or by providing the skills for leisure. We aim to not only provide the access and opportunities for educational pursuits but also to make them manageable. Therefore, appropriate training may be either especially tailored to the needs of the workplace and employee or, with suitable supports, be available through the mainstream education network. Through information about counselling supports in mainstream education, by providing training that is linked to work and through informing the client about special funding for studying, the team is maximising the chances for its client's success in the world of education. Paper 2: Geoff Craig. A Paradigm Shift in Vocational Opportunities This paper aims to provide a practical example of how the concept of 'social entrepreneurship' works. The businesses of Cornucopia will be examined as to how they stand in relation to community standards. Are they comparable in terms of wages and financial accountability. How would they go in a social and ethical audit? A change in the culture of the place of work in mental health rehabilitation is shown to be achievable in meeting the above criteria. Triple bottom line accounting [profit+social+environmental] adds up to equal enhanced quality of life for consumers. Paper 3: Robbie Renu. Working alongside consumers 'out there'-vocational training on the ground [literally]. Creating a healthy work environment requires commitment and respect from all parties, ie, managers, trainers, apprentices and workers. This paper aims to show that by getting out there and creating real work in mainstream environments, people take responsibility to plan and think for themselves. Working to community standards helps break down stigma and builds self esteem. This adds up to real satisfaction where skills developed are transferable to any job. Paper 4: Esther Raudonat 'Out There'- Views from both sides: What is it really like and what are the differences When working in an organisation for any length of time it is easy to forget what it is like 'out there', eg, in another business environment. This can create a variety of problems. Coming from 'out there' to Cornucopia, various things stood out: Firstly there were efficient and effective business systems and secondly coherent work structures applied in a commonsense manner. Cornucopia applies smart business principles within a nurturing and fun work environment for both consumers and vocational trainers. It is a prime example of a progressive, yet commercially viable recovery oriented rehabilitation setting. This paper aims to challenge the belief that business success and rehabilitation are mutually exclusive concepts? Learning Objectives: 1. The audience will learn that through having the courage to take a risk the rewards /achievements for organisations and individuals is great. 2. Recovery for individuals in the community requires collaboration and partnership of consumers /service providers and community members. Good mental health is achieved when all these components are healthy.

S017 Interventions for Psychosis and Substance Use: Research Results
20/08/2002 From: 1400 To: 1500 Venue: Harbourside Auditorium 2
Paper 20 Minutes: A RCT of Training Mental Health Staff to Deliver Interventions for People with Co-morbid Serious Mental Health and Substance Use Disorders.
Elizabeth Brewin
The COMO project is the UK's first large RCT of interventions for people with co-morbid serious mental health and substance use disorders. Community mental health staff were randomly allocated to receive either training now, or training later (18months later). Comprehensive baseline data was collected for both staff and patients. Follow-up data was collected at 9 and 18months post training. 70 mental health staff and 220 patients were recruited for the project across 9 community mental health centres in South London. The training comprised of a 5 day package covering assessment of substance use, engagement, motivational interviewing, relapse prevention and cognitive behavioural principles. The emphasis was predominantly on skills enhancement and clinical discussion as opposed to
didactic teaching. Following training, the workers received monthly supervision and a comprehensive manual covering the content of the training in more detail. The control group staff received training after 18 months. This presentation will present some of the main findings of the study for both staff and for patients. These will include measures of attitude, self-efficacy and knowledge for the staff, and measures of drug and alcohol consumption, bed use, engagement, compliance and need. There will also be a discussion around the challenge of bringing dual disorders.

Learning Objectives: 1. Following the presentation the audience will have gained an understanding of the process and outcome of a trial of dual diagnosis training in London UK. 2. Substance use disorders are increasingly common in people with serious mental health problems. This presentation will explore how training can play a part in improving patient outcomes and staff job satisfaction. This presentation will also review the evidence for effective interventions for this client group.

S017 Interventions for Psychosis and Substance Use: Research Results
20/08/2002 From: 1400 To: 1500 Venue: Harbourside Auditorium 2
Paper 20 Minutes: Managing Psychosis and Drug Use - Evaluating a Group Based Intervention
Wynne James S Kisely G Spencer C Preston N Castle
Research evidence informs us that clients with co-occurring psychotic illness and drug use are more likely to suffer from a range of negative consequences and poorer outcomes, when compared to their uncomplicated counterparts. Good quality research studies that have evaluated specific treatment interventions for this client group remain rare. This talk will discuss the findings from a randomised-controlled trial aimed at evaluating the effectiveness of a novel group-based intervention. The intervention takes place over 6 weeks (1.5 hours per week) and draws from current research evidence, while also utilising treatment strategies such as motivational interviewing, relapse prevention principles and harm minimisation approaches. The intervention is implemented in an out-patient setting and encourages involvement from local community drug and alcohol services. Each group is adapted to the participants' stage of change and explores their reasons for drug use. Participants are followed-up at 3 and 6 months post intervention to measure changes to drug use, mental state and aspects of social functioning. This presentation will discuss the findings from a study designed to evaluate a novel group-based treatment intervention aimed at addressing the challenges of dual diagnosis. Learning Objectives: 1. The audience will hear that treatment strategies like motivational interviewing and relapse prevention, which were originally designed for uncomplicated populations, can be adapted for use with populations with specific mental health problems. 2. The prevalence and consequences of substance abuse among psychiatric populations continues to pose significant challenges for mental health services. There is a paucity of research evidence available to service providers who are considering offering interventions to this client group. This presentation will provide an overview of a treatment intervention for this client group that has been thoroughly evaluated.

S018 Cost-effectiveness & MHS Delivery
20/08/2002 From: 1400 To: 1500 Venue: Harbourside Auditorium 1
Invited Symposium: The cost of everything: reflections on cost-effectiveness and mental health service delivery in Puerto Rico and Australia
Margarita Alegria Kristy Sanderson Harvey Whiteford Gavin Andrews Justine Corry Cathy Issakidis Helen Lapsley
Paper 1: Margarita Alegria, Thomas McGuire, Richard Frank: Managed Care and Systems Cost-Effectiveness - Treatment for Depression. The objective of this paper is to assess the change in system cost-effectiveness of depression treatment after the introduction of managed care in Puerto Rico. Three waves of data (1992-3; 1993-4; 1996-8) were collected from a random probability sample of adults (ages 18-69) living in low-income areas of Puerto Rico; two waves were collected before and one after the implementation of managed care. We used CIDI-generated DSM-III-R diagnoses and the CES-D depression symptom scale to classify the sample into four groups: respondents with last year depression, respondents with sub-
threshold depression, those with 'other' disorders or need, and 'unlikely' needers of mental health services. Appropriateness of treatments was defined by guideline standards and experts' assessment of the probability of remission due to treatment. Costs were measured by assigning representative prices to specialty and general medical visits and medications. Difference-in-difference (D-in-D) estimators were employed to assess the impact of managed care on the effectiveness and costs of treating depression at the system level for all the population. Results demonstrate that system cost effectiveness improved slightly after the introduction of managed care, with diminished costs but only marginal effects. System change by itself might not be sufficient to improve depression treatment at the population level. Additional incentives and system realignments might be necessary to accomplish a more cost effective system of mental health care.

Paper 2: Kristy Sanderson, Gavin Andrews, Justine Corry, Cathy Issakidis, Helen Lapsley: The cost-effectiveness of reducing the burden of mental disorders in Australia. Mental disorders continue to be the leading cause of disability in Australia and worldwide. This study investigated the costs and outcomes of reducing the burden of mental disorders in Australia, by comparing how much burden is currently averted by the mental health system, and how much burden could be averted. Efficiency was expressed in costs per years lived with disability (YLDs) averted, a population health summary measure. Secondary data from published sources and the Australian National Survey of Mental Health and Wellbeing was used to estimate the 1-year costs (1997-98 AUD) and YLDs averted from treatment. Less than 20% of the disability burden of mental disorders is currently averted in Australia, as only a small proportion of people with mental disorders reported receiving interventions that are known to be effective. Efficiency could be dramatically increased with a wider adoption of these evidence-based treatments. In conclusion, the high burden of mental disorders in Australia persists because insufficient numbers of people receive evidence-based strategies in the community. Increased use of appropriate psychological interventions (including self-help) and/or effective medications across primary and specialist care can substantially reduce the burden of disease. The ethical and resource allocation implications of these results will be discussed. Learning Objectives: 1: Mental disorders continue to have a significant impact on the health of Australians. There is room for improvement in the way Australia currently provides services to people with mental disorders. 2: The efficacy and efficiency of Australia's mental health system is a key concern for the mental health community, as we need to know what can we do better, and can we afford it.

S019 Promotion of Mental Health: Partnerships at Work
20/08/2002 From: 1400 To: 1500 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Information: the need to know
Debs Lutchman Jane Hudson
The issue of mental health awareness, information about mental health services and mental illness has been an area of concern for a number of years both within the sector and the wider community. Best practise methodologies suggest collaborative treatment/care planning including input from service users, families and caregivers are most effective. The challenge for mental health services is to provide relevant information about mental illness, services, support agencies and general information that will help them better understand and provide meaningful engagement to an individual's recovery. This paper will explore how the Waikato District Health Board (WDHB), Mental Health Services in consultation with Non-Government Organisations (NGO) developed and implemented Information Packs for both Service Users and, Family/Carers Details of the collaborative process, pilot and final implementation will be outlined in the paper. Although the service has only recently fully implemented the project there is evidence that packs are providing an increased level of knowledge and understanding of the various services, mental illness, expectations, rights, support and the function of various individuals during service provisions. The process and information has been very well accepted by the different stakeholders in the region. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? They will gain understanding of: How to identify what information is required.
by each target group. How to develop the information in a collaborative and inclusive manner. How to implement and obtain staff ownership for the process  

2. How is this topic/issue relevant to mental health services and mental health issues? The paper will provide evidence that mental health services do not have a consistent system of providing Service Users and Family/Caregivers with relevant information to provide an effective collaborative service.

**S019 Promotion of Mental Health: Partnerships at Work**  
20/08/2002 From: 1400 To: 1500 Venue: Harbourside Meeting Room 2  
Paper 20 Minutes: Promoting Mentally Healthy Communities. Consumer Involvement in the Like Minds, Like Mine Project  
Susie Crooks  Chris Hansen  Gerard Vaughan  
This hour-long workshop is a collaborative effort by three people involved in the Like Minds, Like Mine Project. The Project aims to reduce stigma and discrimination associated with mental illness and is perhaps best known for its ad campaign featuring well-known NZ icons with experience of mental illness. In this workshop, conference delegates will hear about advances within the Project to empower, involve and increase the participation of people with experience of mental illness, and have the opportunity to explore the learnings of the Like Minds campaign to date - on public perceptions towards mental illness, and on attitudes within the project to consumer participation in public health promotion. Susie Crooks, Chair, Like Minds National Advisory Group  
Susie highlights the expertise that service users bring to the work of public health campaigns like the Like Minds Project. She discusses the work of the National Advisory Group, its challenges and achievements; and provides an overview on workforce development issues for services users in public health. Chris Hansen, Policy consultant, Like Minds National Advisory Group  
Chris gives an overview of consumer development and participation in the Like Minds Project and discusses the results of a Project survey on service user involvement. As a former manager of mental health services with experience of mental illness, Chris brings a wealth of insight and expertise to this collaborative workshop. Her presentation concludes with a discussion on the development of a series of guidelines for public health providers who are contracting and working with service users. Gerard Vaughan, Project Manager, Like Minds Project  
Based within the Ministry of Health, Gerard provides national leadership and support to the Project and works closely with the National Advisory Group. He shares information about the Project's mass media advertising campaign, including discussion of the rationale behind the advertising, feedback from the people involved; and what research for the ad campaign has revealed about attitudes of the general public towards people with mental illness. Learning Objectives:  
1. The audience will learn how consumers are one of the key influencers in a comprehensive health promotion approach (as outlined in the Ottawa charter) to the problem of stigma and discrimination associated with mental illness.  
2. Social inclusion is essential to recovery for people with experience of mental illness, as well as to improved service outcomes. This project is also a model in many ways for illustrating how the developing body of knowledge about health promotion can be applied to mental health.

**S020 Consumer Focused Research**  
20/08/2002 From: 1400 To: 1500 Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: A Framework for Consumer Participation in Evaluation Research  
Lyn Harvey  Kim NcNeill  Mary Venables  Jason Connellan  
This paper, aims to detail an innovative process that was employed to undertake an evaluation of the Day Program at the Integrated Mental Health Service in Cairns, North Queensland. It will clearly describe how we arrived at a vision for the project, how we undertook the data collection and how we engaged consumers in the research method. The design of this evaluation capitalised on the expertise of consumers by empowering them to be active, not passive participants in the research process. The National Standards for Mental Health Services that mandates consumer participation were released in 1996. However, there is still a dearth of information describing creative ways that mental health staff can include consumers.
This paper is relevant because mental health professionals often adopt an authoritative role and exclude the contribution of the consumer experience. Adopting a different view of the direction of research can facilitate research in relation to consumers. Such a view focuses on the wealth of experience and ideas of those with whom mental illness effects. 

**Learning Objectives**
1. Attendees will learn a methodological framework that privileges the inclusion of consumers.
2. The significance of this paper is that it recognizes the need to engage consumers as co-constructors and validators of knowledge necessary to improve the quality of service provision.

**S020 Consumer Focused Research**
**20/08/2002 From: 1400 To: 1500 Venue: Harbourside Meeting Room 3**
**Paper 20 Minutes: User Satisfaction in Mental Health Services: Adding Consumer Values.**
**Duane Pennebaker Rosina Vogel**

The aim of this paper is to report on the findings of a study for including consumer values into the measurement of user satisfaction with mental health services. The literature has questioned the validity of expectancy theory in consumer satisfaction especially in a health care service context. Following ethics approval, nine focus groups were conducted with mental health service users aged between 18 - 64 years who accessed service within the previous twelve months. The focus group questions focused on service attributes that were seen as important as derived from two pilot focus groups. The focus group questions were biased in favour of eliciting consumer expectations according to expectancy theory. Latent Semantic Analyses identified five dimensions (cosine values at 0.8 and above) communication, personal rights, staff, activities and treatment environment. In order to evaluate the role of values, 246 statements were extracted from the five dimensions identified from the focus groups. Using a sort methodology, five judges sorted each statement into the following categories: as terminal or instrumental values or not a value statement (Rokeach, 1973). Of the 246 statements, 80% were classified as value statements according to the schema with inter-rater classification reliability 0.89. There were significant sex differences with women focusing more on instrumental values than men. There were no differences in age or service used (inpatient or community clinic). The findings of the focus groups provide evidence for the need to include value related dimensions to consumer satisfaction methodologies and measurement. Learning Objectives 1. The audience will acquire information about the role of satisfaction in consumer outcomes and the use of focus groups in identifying what values held by users of mental health services hold in relation to service attributes within a means-end service delivery framework. The findings from this study will also assist those in attendance to acquire confirmation of what core service attributes users of mental health services seek and their importance in service evaluation as essential therapeutic requirements. 2. The relevance to mental health services is the understanding required in the inclusion of core user values for measuring the effectiveness of the service provided in meeting the needs of users of mental health services.

**S021 Best Practice for Early Intervention**
**20/08/2002 From: 1400 To: 1500 Venue: Harbourside Meeting Room 4**
**Paper 20 Minutes: Beating the Baby Blues: Findings from a newly developed Obstetric-Psychiatry Liaison Service**
**Brendan Jansen Paul Thompson**

The Obstetric-Psychiatry Liaison Project of the Osborne Park Hospital in Western Australia was borne out of the recognition of the importance of identifying and treating postnatal depression and to strengthen linkages between the obstetric and psychiatry services to facilitate better client outcomes. A screen for risk factors for postnatal depression and antenatal mood disorders was developed with reference to the available literature. Cases felt to be at risk were referred to the Psychiatrist on the team for assessment and management. Fifty-two women have been referred to the service since the project was launched. Twenty-six women had evidence of an antenatal mood disorder. There was a substantial improvement.
in symptoms of these women following treatment as evidenced by a fall in scores on the Montgomery-Asberg Depression Rating Scale (MADRS). The mean MADRS score on entry into the service was 23.2 and the mean on exit was 8.9. The project highlights the opportunity to identify and treat depression in women in the antenatal period. The relatively high proportion (50%) of women referred who had a depressive disorder was an unexpected finding which confirms that antenatal mood disorders occur at a relatively high frequency. Adequate treatment of depression in the antenatal period may be a potent factor in reducing the incidence of postnatal depression.

S021  Best Practice for Early Intervention
20/08/2002  From: 1400 To: 1500  Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Detection and management of risk of suicide in young people accessing welfare services.
Don Smith  Louise Smith  Pete Ellis
A consistent body of research suggests accumulated social disadvantage is a significant risk factor for young people attempting suicide. In the Christchurch Child Health and Development study those young people who have accessed youth welfare services are more likely to have had suicide ideation and have attempted suicide. In New Zealand (1994 - 1999) young people (under 17 years) on the national register of deaths by suicide who have accessed welfare services are 15 times more likely to die by suicide than those who have not had to access welfare service. The rate of suicide amongst females accessing welfare services is higher than for males. This paper will outline the background research, best practice guidelines developed for youth welfare service social workers and the implementation of these guidelines. The systems developed for identifying youth at risk, enabling social workers to complete assessments and management plans and the provision of clinical advice and monitoring with be presented. Learning Objectives: 1. That the rate for suicide amongst young people is significantly higher for those who have had to access welfare services and that interventions targeted to this group are more likely to be delivered to those most in need. 2. That the implementation of best practice guidelines can be facilitated by both including 'tools' into standard practice and having external assistance and monitoring.

S022  Kaimahi Maori Perspectives on MHS Delivery
20/08/2002  From: 1400 To: 1500  Venue: Harbourside Meeting Room 5
Workshop 1 Hr: Three Kaimahi Maori Perspectives (Kaupapa Maori Service, Non-Governmental Organisation, Mainstream Clinical Service) on how we apply the articles of the Treaty of Waitangi in our Organisations in South Auckland.
Eru Thompson  Moana Herewini  Ellen Fenton
This program will outline progress to date on how our services are implementing the Treaty Of Waitangi articles in our work practices. In particular, it will discuss how the articles have influenced each service and the delivery of mental health services to Tangata Whaiora Maori. It will also identify opportunities for development that we have faced as Kaimahi within our services. We will demonstrate: How far we have moved. What the organisations are doing that are different and unique. How are they making a difference. How the service providers are honoring the Treaty Of Waitangi and in what way South Auckland has the highest number of people living in severe social deprivation in urban New Zealand and has a high percentage of Tangata Whaiora Maori (Consumers) whom are high users of mental health services. Therefore as Maori Mental Health professionals we need to raise consciousness in honoring the Treaty Of Waitangi within our organizations. Attitudes and practice need to ensure changes are lasting and Kaimahi Maori (Staff) and Tangata Whaiora Maori and their whanau (family) are benefiting from what is currently being provided. The Treaty Of Waitangi forms a dual relationship of responsibility/rights of shared cohesiveness and it's Mauri (Life Force). It is the foundation of a constitution between two people. We as a nation need to stand tall and proud and promote our whanau, hapu and iwi knowing that the intentions of both our tupuna (ancestors) were to form tohatohokia (shared alliance). Learning Objectives 1. The audience will gain an insight into the relevance of a dual relationship in
service delivery using initiatives that promote cultural values from the perspectives of three kaimahi maori working within three different organizations. 2. This topic is relevant to mental health services in Aotearoa as the Treaty Of Waitangi is considered by the New Zealand government as the foundation document which now guides Health services in getting it right for Maori and all other people's residing in Aotearoa.

S023  International Approaches to Mental Health Services
20/08/2002  From: 1400 To: 1500  Venue: Harbourside Meeting Room 6
Paper 20 Minutes: Developing Community Based Mental Health Services In Sweden
Lars-Olof Ljunberg
Malmo is Sweden's third largest city with 250,000 inhabitants. The population consists of more than 30% immigrants and refugees. In 1991 a reform of the mental health services in Malmo started. The situation was traditional: a large mental hospital, a few beds at the general hospital and insufficient outpatient services. Collaboration between psychiatry and social services was not there and the concept of psychiatric rehabilitation was unknown. The reform process led to a closure of the mental hospital, establishing of in-patient facilities at the general hospital and the development of community based services for crisis intervention, treatment and psychiatric rehabilitation. Users and family members became involved in the decision making process at all levels, and more than 600 staff changed positions in this development. The presentation will describe 1) The original analysis of the system 2) The goal-setting process 3) The process design for implementing change 4) The introduction of evidence based psychiatric rehabilitation; training design in cooperation with Boston University, Center for Psychiatric Rehabilitation, and program development in collaboration with social services 5) The development of systematic users and family members influence over service planning, monitoring and evaluation 6) Evaluation and results Lars-Olof Ljungberg was between 1991-2001 Director of Psychiatry at Malmo University Hospital.

S023  International Approaches to Mental Health Services
20/08/2002  From: 1400 To: 1500  Venue: Harbourside Meeting Room 6
Paper 20 Minutes: Culture, society and the development of mental health services: The Netherlands
George Witte
Mental health services differ from country to country. Is there a relationship between the country's mental health services and that country's cultural profile? The cultural profile of Australia, New Zealand and the Netherlands, share a lot in common, but there is one big difference - the Dutch Poldermodel. The Poldermodel, a word given to us by the US, relates to our culture and history, and refers to how we had to cooperate to build the dykes. It is a way of describing Dutch economic growth over the past 7 years. As a nation, we score highly on autonomy and individuality, like Australia, but we also score highly on 'feminine' aspects such as less competitive and more caring attitudes. This makes our Mental Health Act complicated. On the one hand we care about individual freedom, and on the other we need to take care of people with mental illness. These dilemas will be described and discussed in this paper.

S024  Consumer Participation & the Generation of Knowledge
20/08/2002  From: 1400 To: 1500  Venue: Pyrmont Room 1
Workshop 1 Hr: Where has all our knowledge gone? - consumer participation and the generation of knowledge
Merinda Epstein
The mental health sector might be described as leading the way in relation to consumer participation across the whole of health. The knowledge that has been gained is invaluable but risks being lost unless the sector gives priority to capturing it. This workshop will attract people from within the mental health sector who have a commitment to consumer participation in mental health research, service evaluation, accreditation, policy development and service delivery. The aim of the workshop is to encourage understanding of how
knowledge is generated and disseminated, and the role of documentation in the organisational change process. The National Resource Centre for Consumer Participation in Health (NRCCPH) is a clearing house for publications, resources and documents that will be useful to consumers, consumer organisations, services, policy people and others interested in consumer participation as an important mechanism for quality review and service improvement in health. The NRCCPH is aware of some idiosyncrasies of the resource base of its collection. These include the following: 1. Most of the literature about consumer participation has been written by professionals. 2. The dominant discourse is a 'professional' or 'scientific' in nature. 3. Much of the consumer knowledge remains undocumented or documented electronically or documented in ways that are informal and may not be picked up in more formal processes of a literature search. This literature which is hard to find is sometimes called 'grey' literature. In this workshop we are interested to challenge participants about the management of knowledge, particularly as it pertains to knowledge about consumer participation. Who holds what knowledge? What makes different knowledges more or less valuable? What is experiential knowledge and how do you document it? How is consumer knowledge stored and disseminated? How do we get consumer knowledge about participation into the 'textbooks'? Do consumers need to challenge 'science' or just become more scientific? Can the process of documentation itself serve to deconstruct the essential consumer ownership of experiential understanding? In the second part of the two part workshop we will look more specifically at 'grey literature'. An attempt will be made to tease out strategies for consumers and others committed to consumer participation to find the time, money and expertise to make sure that good practice in consumer participation (from a consumer perspective) gets documented, indexed, and available for dissemination. Attention will be paid to how processes can be developed which are both acceptable to consumers as well as in formats that will be 'attractive' to those we wish to reach including services, funders, researchers and policy professionals within the sector. Structure of Workshop: The workshop will be participatory with participants working in small discussion groups and reporting back to the main workshop in relation to strategies. Learning Objectives: 1. By the end of the workshop participants will have a clearer understanding of: § What constitutes 'intelligence' in relation to understanding consumer participation in mental health. § How consumer participation knowledge is generated and proliferated. § The need for consumer experiential knowledge to be recorded, indexed and disseminated. 2. By the end of the workshop participants will have discussed strategies that can be put in place nationally as well as locally to make sure that consumer knowledge can be gathered, passed on and built on.

S025 Spiritual & Emotional Health
20/08/2002 From: 1400 To: 1500 Venue: Pyrmont Room 2
Bronwyn Fotheringham
Spirituality is increasingly being identified as an important dimension of the person which should be acknowledged, respected and addressed within therapeutic interactions. Within the profession of occupational therapy, there has been much discussion focused on understanding the term 'spirituality', and determining the role for occupational therapists in addressing clients' spiritual needs. This presentation reports on a study which investigated how occupational therapists who work with people with mental illness in Victoria conceptualise, understand, and address spirituality within their practice. Data was collected by a postal survey and discussion group. Respondents described spirituality as integral in assisting people to recover from mental illness, with therapists acknowledging its role in providing motivation and hope for clients. Occupational therapists identified a role for themselves in addressing clients' spiritual needs as part of mental health treatment, and described doing this by considering spirituality in initial assessments, providing opportunities for clients to express and explore their spirituality, and referring clients to chaplains where required. Therapists identified constraints that impact on their ability to address their clients' spirituality, and were
keen to engage in further education about how to address spirituality in practice, believing that their academic education and clinical experience was not sufficient. Learning Objectives 1. For people to engage with the topic of spirituality, and to hear the results of a study conducted with occupational therapists about the way they conceptualise, understand and explore spirituality in their clinical interactions with people with a mental illness. 2. Spirituality is being increasingly recognised as important to the successful adaptation to, and recovery from, mental illness. This study explores this notion from the viewpoint of occupational therapists working as clinicians with people with mental illness in Victoria.

S025 Spiritual & Emotional Health
20/08/2002 From: 1400 To: 1500 Venue: Pyrmont Room 2
Paper 20 Minutes: Spirituality (Wairuatanga) and its Role in Mental Health Care
James Nicholls James Mellars
In this connection I shall give a rough outline of what we propose to deliver. 1. Please refer to previous brief abstract submitted. 2. The world is made up of various ethnic races and many, many cultures. As mainly health workers, we are charged with making informed clinical assessment after due observation, classification, investigation and then prescribing a care and recovery plan. In many cases the presentation of the tangata whaiora (consumers, patients) can be somewhat bizarre. In the minds of the patients and their whanau (families) they are affected by mate (sickness) due to breaking of tapu (infringing) of some cultural aspect, in particular, committed against other persons. What both myself and the clinical nurse will present is the need for ‘cultural tolerance’. This is not meant that Health workers need to believe in ‘other cultures’, but to have an awareness and thereby receive co-operation from the patient and moer particularly from their families. The aim of the presentation is to relate no more than six cases (working within time restraints) which have various mate (sickness) aspects. The cultural aspects will be analysed, some diagnosed, then the prognosis. Each case will then be clinically diagnosed with the clinical prognosis. Some instances or cases will be related as to the treatment and attitudes of some doctors and nurses who choose to ignore cultural aspects. This has produced dire results. On relenting or change of circumstances or attitudes there has been a marked improvement on the recovery of some of these patients. In particular, some Maori patients do not respond to certain drugs. This may also be applicable to other races and if this is so, then we should advocate for a proper study to be done. Example: In one particular case, the consumer said his Grandfather was talking to him and telling him bad things and his Father also spoke to him. The consumer mentioned that his Father was a tough man and he received regular beatings as a child. On questioning his Mother, she refuted that her Father would not say anything bad to her son as he was a gentleman. As for her past husband, he was not a brutal man. Her son received no moer than anyone else when it came to any punishment for his misdemeanours. So I do not believe this was Mate Maori but more of ‘selected recollection’. However, it was treated (in the Maori concept) with Waerea and Whakaaraara. This did have the effect of calming the situation and the consumer recovered. That however may have been from medical treatment more so than the Kawa (Maori prayers) and Karakia. A local Ngati Porou Kaumatua was also called in and he recited Karakia with the Tangata Whaiora. Diagnosis (Maori): We could not challenge his perception of the situation. However, he was a very ill man brought about by many factors. I doubt if it was ‘Mate Maori’. Prognosis: As stated previously Kawa and Karakia plus some counselling and family involvement. Learning Objectives: 1. Participants in this presentation will hopefully develop an appreciation not only of other cultures, but also to look more deeply in to their own culture. It will help in the understanding of the diverse world of cultures and ethnic races. 2. By using this appreciation of cultures and ethnicity, they can apply their ‘clinical training’ with confidence. Thus there is a mixing and appreciation of culture and clinical application. This presentation will not advocate that any indigenous culture should receive preferential or special treatment. However its purpose is to emphasize a need for cultural tolerance which will have the effect of (a) Calming down the patient (b) Getting co-operation from the family for ongoing treatment (c) Better chances of compliance
and therefore recovery To offset any claims of 'hocus pocus' which is a term used by a New Zealand politician to describe the use of karakia or prayers.

**S026 Perspectives on Recovery**  
20/08/2002 From: 1400 To: 1500 Venue: Skyline Room 1  
Paper 20 Minutes: Chronic Disease Self-Management! Is There A Place For This In Modern Mental Health Services, Or Is It Merely Wishful Thinking?  
Trevor Parry  

CDSM is an approach to improving the emotional and physical wellbeing of people who experience chronic mental health problems. The consumer and provider partnership driving this project consists of two consumer groups, two mental health services and five other agencies. A consumer conceived this project as a way of assisting other consumers to reach their 'Recovery Phase' in their mental health problems and also assist them to cope better with any chronic physical conditions or reduce the risk of their onset. The CDSM project will employ one consumer as a Consumer Consultant to assist with the development of the project, support the Consumer Peer Educators and liaise with consumers and carers. Six consumers are to be recruited and trained as Consumer Peer Educators. They will assist with the delivery of the education package and provide support and encouragement to participants. The concept of advocating, educating and encouraging consumers of mental health services to take responsibility for their total health and wellbeing is certainly not a new one. The problem is that there has not been an approach for self-management that is agreed between the various disciplines involved, including consumers. This project is likely to produce an approach that is based on consensus, and therefore is likely to be effective. Learning Objectives: 1. Details will be obtained around the further development of partnership research projects in conjunction with consumers and the other agencies. Issues that evolve during the management of the project will be discussed and how they were resolved. The training, employment and experiences of the Consumer Peer Educators will be discussed in detail. 2. The term 'Recovery' from mental illness is the 'catch phrase' in the USA and New Zealand and is now in use by some mental health professionals in Australia. Consumers have an obligation to challenge the very strong pockets of resistance to change that exists within disciplines employed by mental health services. The outcomes of the CDSM project will enable mental health services to explore the value attached to this type of education and empowerment of consumers.

**S026 Perspectives on Recovery**  
20/08/2002 From: 1400 To: 1500 Venue: Skyline Room 1  
Paper 20 Minutes: Our Slice of the Cake  
Alison Brown Sandra Hamilton Rochelle Plank Eleanor Mitchell  

Introduction Food and eating are basic to our physical survival, psychological well-being, family, community, cultures, friendships and celebrations. Women's bodies and roles as nurturers are central to the reproduction of human society. Yet increasing numbers of girls and women (and men) are finding their relationship with food, eating, their own bodies painfully problematic, leading to dis-pairing lives for sufferers and their families and far too often - premature death. Services have been few and difficult to access, often unwelcoming and resorting to coercive interventions. And why do women (and men) refuse/lose control of their eating and loathe and abuse their bodies? This workshop will not attempt to directly answer these questions and dilemmas, but to share and explore what happened when a group of women in Wellington decided to engage with them..... Self-help Community Group to NGO In 1989 this group of women, themselves eating disorder survivors, established a self-help group in Wellington, based on feminist analysis of eating disorders. Since then WEDS has grown into a non-governmental organisation providing regional specialty mental health services, consultation and liaison and health promotion and community education. As a consumer initiated organisation our journey has been an interesting and unusual one. We'll discuss the challenges of maintaining a consumer vision and philosophy while managing the accountabilities and tensions of being a government
contracted mental health service. We hope to run an informal, enjoyable, actively participatory session. The presenters will each come prepared to share a different perspective on the organisation's development, to dialogue between themselves and with the workshop attendees. Learning Objectives: 1. Knowledge of the WEDS organisational structure and services. An understanding of the challenges and tensions WEDS have faced in its growth and development, from a variety of different perspectives: collective member, staff and consumer. 2. WEDS believes (however accurately) that it is unique in pioneering a survivor owned and staffed mental health provider organisation, providing clinical services both through the health vote and community funding. We are also unique in operating from a feminist perspective. We hope to share crucial aspects of our journey as well as generate ideas for our future planning through the discussion workshop process.

S027  A Culture-Centred Approach to Recovery
20/08/2002  From: 1400 To: 1500  Venue: Skyline Room 2

Workshop 1 Hr: Culture, world view and resilience: a culture-centered and strength based approach to recovery
Peter McKimmin  Debbie Malcarne

Culture lies at the heart of the recovery process. Integral to this process is the identification and utilization of client and practitioner strengths. Our world views (or cultural lenses) contain hitherto unrecognized sources of strength which can be tapped for use in the recovery journey. This workshop aims to broaden and deepen what constitutes a culturally competent approach to rehabilitation and recovery services by enhancing existing cultural competencies in the areas of awareness, knowledge and skills. As a first step, participants will be challenged to re-assess their understanding of what constitutes 'strength' in general, and 'resilience' in particular. This will be done by outlining the components of a 'culture-centered' approach to rehabilitation, including the specific concept of 'cultural resilience'. Since current perspectives on resilience remain focused on resilience as individual in nature and located in a set of person-specific attributes, participants will be asked to view resilience in its broader cultural context. By adding a 'culture-centered' tint to their cultural lenses, participants will be invited to engage in a self-assessment process, the focus of which is a re-examination of their own world views, including their values, beliefs and perceptions. As they revisit their cultures of origin and their 'adopted' cultures, participants will be prompted to locate sources of cultural resilience in their value and belief systems. For care givers in particular, this process can be a valuable tool for their personal and professional growth as they incorporate newly discovered or redefined dimensions of resilience into their rehabilitation skill repertoire. For participants in general, this tool will facilitate their productive engagement with others in a process of reciprocal empowerment - the mutual 'activation' of newly discovered sources of cultural resilience. By adding a culture-centered and strength based recovery tool to our systems of care which enhances the cultural competency of both care providers and care recipients, we get closer to our immediate goal - an enhanced and enduring recovery identity for our clients. Through the process of reciprocal empowerment, care givers and care recipients challenge the stereotypes of mental illness as 'pathological' and reach for our ultimate goal - a community free from stigma towards mental illness and an appreciation of the strengths and abilities of those designated as 'mentally ill'. Learning Objectives

A. Conference attendees will gain knowledge of what constitutes a 'culture-centered approach to rehabilitation and recovery in general, and the concept of 'Cultural Resilience' in particular. B. By applying this concept to themselves during the Workshop, conference attendees will be offered the opportunity to improve their cultural competency in the area of assessment and recovery. 2. How is this presentation relevant to mental health services/issues? A. This Workshop seeks to expand cultural competency in the area of rehabilitation and recovery by introducing a 'culture-centered' approach to rehabilitation and recovery. This 'culture-centered' approach can be applied to a system, settings and individual service interventions. By introducing a specific strength based concept, practitioners will not only be offered an opportunity to improve their awareness and knowledge of their own
sources of resilience, but be equipped with new knowledge which can begin and enhance dialogue with fellow professionals, clients, and family members about the recovery process.

S028  Fostering Family & Carer Responsiveness
20/08/2002  From: 1400 To: 1500  Venue: Skyline Room 3
Workshop  1 Hr: Success and some challenges in fostering family and carer responsiveness

**Kevan Myers  Jeanette Murphy  Beth Bailey  Barbara Robb**

SVMHS has instituted a range of strategies to foster and improve the responsiveness of the service to carers and families of our consumers. There will be a brief overview of existing strategies including Carer Education Sessions and Forums, Carer Information Kits, contribution by carers to staff training including sessions run by carers, and the employment for the last 18 months of a Carer Consultant. This will be followed by a brief a description of some of the 'unplanned' but positive outcomes of the strategy. These include policy development: a policy on Bereavement has been implemented to support families following the death of a consumer. Additionally, research or data collection projects have shown that it is families and carers who are the most frequent referrers of new clients to our service. Other analysis of data has shown that despite the 'folk lore' consumers are, in most cases, willing to consent to families being contacted during an inpatient admission: issues of consent and confidentiality are not the obstacles they can be believed to be. There will be a brief description of some other 'obstacles' to carer participation, which we have discovered in our service, and on the other hand, factors which support carer participation. Depending on the size of the audience there will be facilitated discussion and contribution by the audience, for at least 20 minutes, identifying obstacles and drivers of carer participation. The last 10 minutes will allow for drawing together these factors based on the experiences of all those participating in the workshop. It is expected that cultural, resourcing and workplace issues will be identified, and if time allows some sharing of strategies to address these issues.

**Learning Objectives:**
1. To identify factors which can be used to support and foster family and carer participation.
2. To identify obstacles to family and carer participation and strategies to overcome them.

S030  Working with the Mass Media to Reduce Stigma
20/08/2002  From: 1530 To: 1700  Venue: Harbourside Auditorium 2
Invited Symposium: When Words Matter: Working with the mass media to reduce stigma associated with mental illness

**Barbara Hocking  Warwick Blood  Teresa Pomeroy  Kerry Webber  Alan Rosen  Srinivasa Murthy  Nica Ralucca**

Paper 1. Newspaper Coverage and Public outcry, A case study of media reporting and portrayal of mental health and illness, Warwick Blood, Professor of Communication, University of Canberra. Traditional journalistic practices in reporting and portraying mental health and illness issues are under strong challenge from a variety of groups, including medical, health professionals and people diagnosed with mental illness. This paper reports on a project that investigates the role of the Courier Mail in Brisbane during the latter part of 2001 and early 2002 - a time of considerable public debate about mental illness and violent crime. Using media analyses, the paper reports on how the newspaper labelled events and people, and how it portrayed people diagnosed with mental illness. To what extent can newspaper coverage play on community fear of mental illness? And, to what extent does the portrayal privilege a particular position that intrinsically links mental illness with violence? Paper 2. The SANE StigmaWatch Report Card, Barbara Hocking, Executive Director, SANE Australia. StigmaWatch, a web-based program to encourage more positive, accurate and respectful reporting of mental illness in the media is one of SANE Australia's stigma reduction strategies. A new initiative of StigmaWatch is to release an Annual Report Card to the media reporting on how well they are doing in this regard. The Report Card will provide an assessment based on the new Resource for media professionals on reporting suicide and mental illness, prepared by the National Mental Health
and Media group, and reports received by StigmaWatch over the past 12 months. This paper will present on the development of the Report Card, its findings and any responses to it by the media. New Zealand Initiatives Teresa Pomeroy Like Minds, Like Mine, Project to Counter Stigma & Discrimination Associated with Mental Illness, New Zealand Stigma has been identified as a major issue in New Zealand, where the destigmatisation project is managed by public health. This paper will present a summary of the ways the project has worked with the media and stakeholders to improve media treatment of mental illness, which includes media training for consumers and providers, input to journalism training courses, a media handbook, facilitating media responses from the project to unbalanced media coverage and production of television commercials to improve community attitudes - and will report on what is considered at this stage to be successful and not successful. Paper 3: New Zealand initiatives, Teresa Pomeroy, Huia Communications, New Zealand. The National Media and Mental Health Group Kerry Webber Department of Health and Ageing The National Media and Mental Health group is a unique group set up to promote better understanding between the mental health sector and media professionals. Established in 2000 it has membership from both sectors. The group guides the national media strategy and oversees a number of projects set up to establish important baseline data and to encourage improved reporting of suicide and mental illness. This presentation will overview the work of this group and highlight the development and dissemination of the new Resource for media professionals on reporting suicide and mental illness. Paper 4: The National Media and Mental Health group, Kerry Webber, Director Promotion & Prevention Section, Commonwealth Department of Health and Ageing. Discussants: Alan Rosen, R Srinivasa Murthy.

S031 International Approaches to Workforce Standards
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 1
Invited Symposium: International approaches to the development of mental health workforce standards
Harvey Whiteford Mary O'Hagan Paul O'Halloran Gordon Lambert
Harvey Whiteford How well professionals are prepared for participation in the mental health workforce in the group of core attitudes, knowledge and skills required by all disciplines to enable practitioners to implement national mental health service frameworks, is an important contemporary issue. Work has been undertaken in Australia, New Zealand and the United Kingdom to develop national workforce standards that can inform the education and training agenda, provide graduates with an awareness of the attitudes, knowledge and skills required of competent mental health practitioners, and to assist service managers in the development of supervision and support programs. The workshop will provide an overview three different approaches to the development of mental health workforce standards including Practice Standards (Australia); Recovery Competencies (New Zealand) and Capability Frameworks (United Kingdom). It will also provide an analysis of how each of these approaches can contribute to the development of a better equipped mental health workforce. Finally, the workshop will examine experience with implementation of workforce standards and will address strategies that can facilitate this process.

S032 Partnerships in Primary & Community Care
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: A New Zealand Perspective of a Family/Whanau Advisor working in Mental Health Services
Raewynn Kruse
The paper discusses Family/carer issues in a Mental Health Service from a Family Advisor position. A need for more support and education to family/whanau was recognised by Taranaki’s mental health service and family members. The aim of this paper is to talk about some of the ways in which families can be involved in the delivery of mental health services, through both individual and organisational participation, and the way in which services can work more effectively with Family/Whanau. It is hoped that the paper will be helpful in suggesting ways in which the mental health services can ensure that families can access and
share information, education and support in culturally appropriate ways. Maori and European perspectives are compared, with emphasis on the difference between European Families and the needs of Whanau. To work effectively with Maori it is necessary to know and understand the components that contribute to their well-being. This includes knowing how Maori cultural identity is defined and the values, beliefs and behaviours that are part of the identity. As the lives of families and Whanau are so directly affected by mental illness, and by the presence or absence of fully effective mental health services, it is essential that Families and Whanau participate in the planning of services at all levels. Learning objectives: Positive therapeutic gain for consumers through partnership of services, family and service users.

S032 Partnerships in Primary & Community Care
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Putting The Mental Health Into Community Health - An Innovative Service Delivery Model
Kent Burgess Samantha Carey
Addressing the conference theme of 'There's No Health Without Mental Health' this presentation explores the role of Mental Health in local Community Health Services. The audience is challenged to ask: Just how much 'community' exists within community mental health services? How do we make services accessible, flexible and integrated within local communities? How do we close the gap between primary community health services and specialist mental health services? The presentation outlines an award winning, innovative service delivery model for the provision of community mental health services. Set within a community health centre and operating as part of a primary health framework, this unique program demonstrates how the challenges of taking mental health services into the community are being met. The Inner South Community Health Service sits within a demographic of high rates of social disadvantage, substance abuse and homelessness. Within this context, the area documents a history of the highest psychiatric admission rates in Victoria. We aim to demonstrate how a needs based, flexible approach to service development has been adopted, seeing the program develop a unique role working successfully alongside Area Mental Health Services and Psychiatric Disability Support Services. This paper explores what may be learnt from one service's approach to the challenges of supporting people with psychiatric disability to maximise mental health, independence and community participation. Learning Objectives: 1. The learning opportunities offered by this presentation are multi dimensional. The audience is challenged to ask: Just how much 'community' exists within our community mental health services? How do we make mental health services accessible, flexible and integrated within local communities? How do we close the gap between primary community health services and specialist mental health services? The audience is asked to explore progressive approaches to community mental health, and is invited to draw on the values and principles underpinning the programs interventions. 2. The innovative service delivery model adopted by the Inner South Community Health Service, Mental Health Program, supports the growing consensus that holistic, integrated community care and treatment can have beneficial results for the consumer, family members and local community. As such, this topic holds particular relevance to mental health managers and clinicians, consumers and carers and interested parties. The unique model adopted by the Inner South Community Health Service may also be of particular interest to policy makers and researchers, who wish to adopt comprehensive analysis and consideration of future directions in primary mental health care.

S032 Partnerships in Primary & Community Care
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: The evolution of a Primary Mental Health Partnership
Neil Catford Arthur Papakotsias
The municipalities of Banyule and Nillumbik are located to the north east of the City of Melbourne. In 2001, the Community Health Centres of both shires each published a Needs
Assessment for their respective communities. The reports concluded that the people of both municipalities enjoy relatively good health and live in circumstances that support good health status. However this was not universally enjoyed. Although the socio-economic status of Banyule & Nillumbik residents is higher compared to the rest of the state, there are significant pockets of poverty. The Mental Health and Well Being Survey, indicates social disadvantage and unemployment are significant risk factors for the development of anxiety and depression. 

Local primary care providers established a partnership with specialist mental health services to set up a Primary Mental Health Team for Banyule-Nillumbik. The team will also have an early intervention component targeting young people experiencing early psychosis. The providers involved in this process include the GP Division, Psychiatric Disability Support Services, Adult, Child & Adolescent and Aged Mental Health Services and two local Community Health Services. This paper explores the challenges involved in a new mental health initiative in the primary care sector. Learning Objectives: 1. What will people in the audience learn from attending this presentation? The audience will learn about the trials and tribulations they could reasonably expect if they were to be involved in a similar partnership. Each primary care provider has both individual and multiple relationships, both within and between agencies. Each has a different perspective on mental health and different contingencies. The Banyule-Nillumbik Primary Mental Health Partnership has had to navigate a complex path to establish a sound working relationship. 2. How is the topic relevant to mental health services? A major shift has occurred in the western world in attitudes toward the burden of high prevalence mental health disorders that communities have to carry. In launching the Primary Mental Health initiative, public mental health services in Victoria are seeking to address this issue. The initiative is innovative as it places responsibility for individual programs with a local partnership of primary care providers as well as specialist mental health services. This is a new experience for all concerned.

S033 Education & Training: Critical Issues for Mental Health Nurses
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: The Psychiatric Consultation Liaison Nurse: Impact on general nurses attitudes to caring for people with a mental illness
Margaret Grigg

As part of an evaluation of the effectiveness of expanding an existing consultation liaison psychiatry service to include a psychiatric nurse, the attitudes of general nurses towards caring for people with a mental illness were explored. The study adapted a questionnaire developed by Frank Small & Associates that was used in the 1998 Health Professionals Survey. It was distributed to nurses working in the non-psychiatric wards of a general hospital soon after the commencement of the psychiatric consultation liaison nurse and was re-administered 9 months later. In addition focus groups were held to generate qualitative data related to nurses experience in caring for people with a mental illness and the impact of stigma. While the attitude questionnaire did not demonstrate any significant differences in attitudes over the 9 months, further psychometric examination may assist in examining nurses attitudes in greater depth. In contrast, the focus groups identified that psychiatric consultation liaison nurse enhanced the nurses capacity to care for people with a mental illness and contributed to the demystification of mental illness and potentially to a reduction in discrimination for people experiencing mental illness in a general hospital. Learning Objectives 1. Participants will learn about an intervention that had a positive impact on the attitudes of general nurses towards caring for people experiencing mental illness. 2. Participants will enhance their understanding of the importance of reducing stigma and discrimination among health professionals.
S033  Education & Training: Critical Issues for Mental Health Nurses  
20/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 3  

Jackie Warner  Allan Townsend

The National Review of Nursing Education (discussion paper) indicates that nursing specialisation in Australia is underdeveloped due to the lack of planning. It highlights mental health as an area of nursing that lacks profile and is less attractive due to the evolution of higher profile areas such as critical care which are perceived/known to develop specialist nurses. The challenge for mental health nursing is to lift its profile through the development of the specialist psychiatric nursing workforce. Grampians Psychiatric Services has implemented a number of strategies designed to address this issue. Undergraduate and graduate education programs have been developed in collaboration with a local university and a comprehensive professional development program designed for the existing workforce. Emphasis is on changing the culture of psychiatric nursing to assist psychiatric nurses to recognise, articulate and develop their specialist skills, to offer an attractive program to undergraduates and graduates and to develop an environment conducive to learning. This paper will discuss the issue of developing and maintaining a specialist mental health workforce in the historical context, outline the programs developed and the challenges presented, along with an evaluation of programs to date, using data gathered and anecdotal evidence. Learning objectives 1.To gain an appreciation of the crisis within the mental health workforce and to identify some strategies which can address the issue. A process for addressing the specialisation of psychiatric nurses will be discussed 2.To demonstrate that psychiatric nurses are an essential component of any health service, and that without a specialist mental health workforce, a holistic approach cannot be maintained, ie. ‘there's no health without mental health’. 

S033  Education & Training: Critical Issues for Mental Health Nurses  
20/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: The Centre for Psychiatric Nursing Research and Practice: Integration practice, research and education

Brenda Happell

The lack of integration between psychiatric nursing practice, research and education has been extensively discussed. Strategies developed and implemented to enhance the synchronicity between these three areas have tended to meet with limited and variable success. This presentation describes the innovative programs and activities of the Centre for Psychiatric Nursing Research and Practice in Victoria, Australia. The development of strong relationships between the Centre and the clinical field was considered crucial in determining the success of this initiative. The introduction of a number of programs to foster a more integrated approach to psychiatric nursing practice and academia will be described including: The Nursing Clinical Development Unit Program, the Clinical Research Fellowship Program, the Preceptorship Program, clinical research projects, the Collaborative Psychiatric Nursing Conference and strategies to encourage the dissemination of research information. The results of the extensive evaluations of these programs will be presented including the successes achieved, the barriers encountered and strategies introduced to overcome or minimize the impact of these barriers. 

S034  Spirituality & Mental Health  
20/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 4  
Paper 20 Minutes: There's no life without a spiritual life

Clare Wilding

This paper presents research that examined the role of spirituality in the day to day lives of people who have experienced mental illness. Six people who have experienced mental illness participated in the research by sharing their stories of what spirituality means to them, what had been the effect of mental illness upon their spirituality and how spirituality is part of their
everyday lives. Some interesting findings that are of relevance to people living with mental illness, health professionals, and researchers emerged from this study. These included that spirituality was seen as both literally life-saving and that it provided meaning in life where previously there had been none. Mental illness was often the stimulus for the participant's journey into developing his/her spirituality. Spirituality was seen to imbue everyday life with meaning and relevance that enhanced the quality of the experience of living. In this paper, I will illustrate the themes, which I have just outlined above, that emerged from the research through a synthesis of my reflections as researcher and the participants' stories as told during the research. Learning Objectives: 1. The audience will gain an appreciation of how important spirituality can be in the lives of people, and especially those who are living with mental illness. They may also be prompted to think about their own spirituality and the spirituality of others they know. 2. Spirituality has become a 'hot topic' of discussion within many health professions, including occupational therapy, nursing, psychology and medicine. However little is understood about this phenomenon and relatively little research has been completed in this area. This paper will add to the knowledge base of those people working in mental health services about this important aspect of mental health.

S034 Spirituality & Mental Health
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Mindfulness: Emergent psychotherapeutic tool and ancient spiritually awakening practice
Malcolm Huxter
'Mindfulness' refers to the practice of being attentive to present moment experience in a focussed, non-judgemental and open-minded manner. In the psychotherapeutic literature mindfulness has been described as a meditation practice, a coping skill and a mode of being. Evidence in this literature supports that mindfulness is emerging as a powerful tool for the treatment of mood and anxiety disorders as well as personality disorders. Elements of mindfulness can been found in many different contemporary psychological paradigms. Mindfulness has also been used in different spiritual traditions. As an example, mindfulness is a primary strategy for spiritual awakening in Buddhist psychology. This presentation will utilise Buddhist paradigms to explain the theory and practice of mindfulness. This will include how mindfulness may inhibit, short circuit and uproot unhealthy mental tendencies such as rumination and worry. It will also include how clients of community mental health services may learn and utilise this generic and non-sectarian spiritual, cognitive, emotional and behavioural tool. In summary, the audience will receive a brief overview of the theory and practice of mindfulness. Learning objectives 1. The audience will be informed about an emergent psychotherapeutic tool and ancient spiritual practice. The audience will be stimulated to consider a way to address mood, anxiety and personality disorders that may be an alternative or adjunct to their current practices. 2. This topic is relevant to mental health services because it will allow clinicians to be informed about current psychotherapeutic developments. It is consistent with support for illness prevention, health promotion, skills development and increased autonomy for mental health clients. The topic also provides a means for mental health clinicians to address a holistic perspective of health (i.e., emotional, mental and spiritual).

S034 Spirituality & Mental Health
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: A new Construct for illness and Disability: Where consumer and provider intersect, and find a better way forward.
Mara Pacers
It is widely acknowledged that the needs of consumers should guide service development, however, there has been relatively little progress made in this area. We have operated within the current framework, and been entrenched in the traditional ideas of illness and disability for too long. This paper will propose a new construct by which to view illness and disability, with a focus on the full impact of disability on people with mental illness. This new
perspective will have direct implications for program design and staff competencies, as well as the definition and measurement of both service and individual outcomes. Two major parts involved in individual recovery will be discussed; 1. Acceptance of the new/altered situation and, 2. Adaptation to the new/altered situation. This construct allows service providers to begin to expand and achieve greater depth with regards to the 'barriers to recovery', and hence to guide service development. It is time to adopt a healing approach to Mental Health service delivery, that includes the whole person, mind, body and spirit. And through progressive service development and delivery we must enable individuals to Accept and Adapt to their situation to the best of all our abilities. Learning Objectives: 1. To learn another way to understand consumers’ needs. 2. To learn to identify essential client needs and assess their effect on an individuals recovery.

S035 Suicide Prevention
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Faataua Le Ola: Suicide prevention in Samoa
Rochelle Stewart-Withers

Up a steep incline overlooking the township of Apia, lies the tomb of Robert Louis Stevenson. Upon his death, the people of Samoa worked night and day hacking a path up the incline so that the body of their beloved Tusitala (storyteller) could be buried the following day with full ceremonial privileges. This paper takes from Stevenson the notion of tusitala, and uses storytelling, narrative and reflection to describe the experience of being with a number of dedicated people who work with suicide and advocate faataua le ola, Samoa (say yes to life, Samoa). In an attempt to capture the essence of the suicide issue and continue the story, suicide is situated within the social and political processes that take place in Samoa. Matters such as fa'aMatai (governance), the aiga (the extended family network), fa'aSamoan (the Samoan way), migration, Christianity and the relationship these have with suicide are discussed. This paper maintains that the telling of and listening to stories is an essential step in the provision of culturally appropriate care and to achieving mentally healthy populations. Moreover, it is essential that we continue our pursuit of stories for it is only through this ability to mutually constitute positions of experience with our wider mental health workforce that we will be able to keep appreciating the diverse and often challenging facets of another culture. Learning objectives: 1. Participants at this presentation will gain insight into suicide and suicide prevention within the Samoan context. 2. Even though direct parallels with the participants own situations cannot be drawn, this presentation is relevant to mental health services and mental issues because it offers ways of viewing a situation that may be useful to consider when looking into their own experiences and situations.

S035 Suicide Prevention
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Group Therapeutic Storytelling Intervention as an Adjunct to Intensive Family Therapy : A suicide Intervention For Adolescents
Ron Phillips Sarah Fortune

Campbell Lodge is the public sector community child and adolescent mental health services for South Auckland, New Zealand, serving an extremely diverse population of nearly 400,000 people characterised by cultural diversity (including large population of indigenous Maori) and high rates of youth suicide and multi-problem mental health needs. Therapeutic Storytelling Intervention (TSI), an innovative group therapy technique developed by Ron Phillips, has been integrated with the delivery of intensive structural and systemic therapies. TSI rapidly engages resistant, hopeless and depressed adolescents, enabling family and wider systems therapy to proceed with the amelioration of risk factors. During 1999/2000 more than 1/3 of clinic referrals were made following a suicide attempt or serious self-harm. Three out of every five attended more than 60% of sessions and are described as 'graduates'. On average, TSI groups run for 16 weekly sessions with average of 67%. Among graduates average attendance rates were 89%, 86%, 87% and 87% respectively for 1997-2000 which is a significant achievement with a population characterised by rapid and significant drop-out.
Data indicate that TSI is successful in treatment of a heterogeneous group of adolescents with regard to psychiatric diagnosis, gender, ethnic and socio-economic backgrounds. Pre and post intervention clinical measures indicate a significant reduction of interpersonal problems, ineffectiveness and depression and improvements in overall behaviour. Crisis representations appear to be significantly lower in comparison with outcome studies of similar populations with no TSI graduates representing with deliberate self-harm during 1999/2000. The workshop will be interactive and will provide the opportunity to participate in TSI.

S035 Suicide Prevention
20/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Healthy kids don’t suicide, do they? The evidence for mental health promotion as a strategy to reduce youth suicide
Graham Martin
This paper will present some cogent arguments for mental health promotion being the best way to reduce rates of suicide in young people. Available evidence for effectiveness of mental health promotion will be discussed. The construct of mental health will be unpacked as will the complexity of the healthy family. Examples of international good practice in the area will be utilized to develop a comprehensive picture of how mental health services, the community and energetic individuals may intervene to increase the opportunities for healthy family life.
Learning objectives: 1. An understanding of the complex factors which make up mental health 2. A conceptual shift in practical efforts to reduce suicide in our community.

S036 Innovations & Best Practice in Rehabilitation
20/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 6
Paper 20 Minutes: F.R.E.D........ the initial outcomes tell us
Sarah Gordon  Dianne Tarrant
The aims of this workshop are: -Introduce FRED as a ‘working’ tool for rehabilitation in mental health services. -Provide a demonstration of how FRED may be used by presenting a case study. -Present independent research study identifying positive outcome measures along side a client and staff survey including recommendations for future development. -Allow the audience to give construction criticism to aid future rehabilitation services. F.R.E.D....The Initial Outcomes The Functional Rehabilitation, Education and Development (FRED) process was initially developed in south Wales (U.K) by Sarah Gordon and a community mental health team. It has now been running for over twelve months in the psychosocial rehabilitation unit at the Henry Bennett Centre, New Zealand. The FRED process includes an initial assessment; a self-assessment, a risk profile and rehabilitation care plan, which incorporates the complete multi-disciplinary team. The team in the psychosocial rehabilitation unit includes, the social worker, an occupational therapist, staff nurses, consultant psychiatrists, registrars, a pharmacist, an activities facilitator and administration staff. This team follows an integrated model into community services. The FRED process includes a computer programme, which allows all data and statistics to be stored for evaluation purposes. Through a case study it is possible to demonstrate how the FRED tools can be used, identifying evidence based practice through the use of outcome measures. In January 2002 an independent researcher completed an efficacy study utilising the outcome measure from the FRED database. A client and staff survey was also conducted in conjunction to ensure reliability. These results on the whole demonstrate a positive impact on outcomes for mental health rehabilitation services. Recommendations from the study are currently being worked on by the multi-disciplinary team as FRED continues to develop. The use of FRED has also greatly increased our compliance with the national mental health service and we are now looking at extending FRED’s use into community rehabilitation services. FRED was initially presented as work in progress at the THEMHS conference in Wellington (October 2001) as we believed that FRED was a development of merit. The independent research collected now identifies that the outcomes measured demonstrate FRED’s strengths as a tool for rehabilitation services and guide the way for further development. Learning Objectives: 1.The audience will learn about the development of the
FRED process used for improving services to rehabilitation clients of the Extended Support Unit at Health Waikato. We will be presenting the implementation of FRED in the unit, client and staff satisfaction with the provision of this process, an efficacy study completed January 2002 utilising the outcome measures from the FRED data collected, and the 2002 national mental health standards audit results around assessment and service provision related to the introduction of FRED. 2. Services specifically targeted towards meeting the needs of the individual are a more humanising and effective use of rehabilitation time. The principles of 'expert on self' and inclusion as a member of the multidisciplinary team are aims towards meeting best practice principles and inline with the recovery principles being practised at Health Waikato. FRED has been our driving force towards better inclusion of consumers in our service and self-ownership of the therapeutic (recovery) process. The use of outcome measures and National Mental Health standard data has supported the FRED development undertaken by the staff of the Extended Support Unit, as a process of value.

S036 Innovations & Best Practice in Rehabilitation
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6
Paper 20 Minutes: Rehabilitation: Ready or Not?
Nicky Bisogni Joan Clarke
This paper will explore, according to the Boston Approach to Psychiatric Rehabilitation, the issue of rehabilitation readiness. Rehabilitation readiness is an important issue because a client's rehabilitation readiness is a critical factor in that person achieving successful outcomes in the psychiatric rehabilitation process. Clients need to be actively involved in the rehabilitation process and a resultant myth has developed, held by clients and practitioners alike, that only high functioning people are ready to participate in rehabilitation. This myth will be explored and debunked. Rehabilitation readiness is not about skill but about willingness. We will provide a description of the role of the practitioner in helping consumers develop rehabilitation readiness. We will explore the criteria can use to assess someone=s willingness to participate in the arduous and challenging journey that is rehabilitation. We will also identify how to use this criteria to help consumers feel more confident, aware and committed to their rehabilitation. Rehabilitation readiness is not an excuse for exclusion, rather it is a means towards a successful outcome for clients who use our services. Learning objectives: 1: People in the audience will learn about the role of the practitioner in helping consumers develop a readiness for rehabilitation. 2: Achieving successful outcomes with consumers is a goal which unites the mental health sector. Having practitioners skilled in developing rehabilitation readiness is one way to ensure successful psychiatric rehabilitation outcomes.

S036 Innovations & Best Practice in Rehabilitation
20/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6
Paper 20 Minutes: Last Resort
Kathy Heffernan Karen Conlan
This paper aims to present the outcomes of an action research paper conducted by Peninsula Support Services that examines the experience of clients living with a mental health condition in Supported Residential Services (Hostel/Boarding Houses). The service has utilised an assertive outreach model of psycho-social rehabilitation and has identified the specific experiences of young people in this setting. The paper will outline significant reforms in mental health and primary care policies in context of the program's development. It will highlight the challenges associated in working with the client group, a privately owned and operated industry and the importance of building and sustaining relationships with health and welfare services. The paper will describe some of the challenges and successful outcomes experienced by clients, proprietors, and the agency. This paper will give participants insight into an assertive outreach model of psycho-social rehabilitation to a marginalised 'hidden' community who traditionally have been forgotten by mainstream and specialist health services. 1. By the end of the session the audience will have an opportunity to examine an assertive outreach model of psycho-social rehabilitation. 2. Mental health service providers
will be informed of issues specific to young people's experience within Supported Residential Services and recommendations for appropriate service responses to meet the needs of this client group.

**S037 Populations and Mental Health**  
**20/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 1**  
**Paper 20 Minutes: Mental health and quality of life: causal relationships in severe mental illness, common mental disorder and the general population.**  
**Sherrill Evans**

Mental health problems have adverse consequences for individuals and populations and it is usually assumed that mental ill-health causes reduced subjective quality of life. However, the nature and direction of causal relationships is not well understood. Previous research has been based on cross-sectional studies of small patient samples, often using health related measures rather than those which capture the wider personal, social and economic aspects of life. Two studies have assessed whether models of generic quality of life are the same in populations with severe, common and no disorder, but one paper was entirely conceptual and the data in the other were confined to depression only. By contrast, the present paper is the first to report a comparison of the relationship between mental health and generic quality of life in people with psychosis, all types of common disorder and no disorder. In order to test the direction of the causal relationships between variables of potential significance it is necessary to use longitudinal data sets. The present paper is based on large longitudinal data sets collected in the UK. The UK700 study included 708 people with psychotic disorder, and the Urban Regeneration project in Wythenshawe, Manchester, included 400 people with common mental disorder and 800 people with no disorder. Data were collected using the same instruments and follow-up period of two years. The paper will consider briefly the conceptual background to the research, and present the results of explanatory causal modelling in each of the three study groups. The implications for future research will be examined. Learning objectives:  
- To learn about the similarities between QOL and its measurement in general population, common mental disorder and severe mental illness groups;  
- To understand how QOL measurement issues including the objective - subjective relationship, responsiveness to change, adaptation and response shift and the influence of depression, impact on evaluations of life quality among these three groups;  
- To identify and interpret best-fitting models of general and domain specific life quality;  
- To appreciate whether QOL measurement and modelling are similar or different in each study group.

**S037 Populations and Mental Health**  
**20/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 1**  
**Paper 20 Minutes: The New Zealand Strategy for Mental Health Workforce Development: A three year programme from 2002 to 2005**  
**Michael Fitzgerald   Jacqui Gough**

This year a national strategy (New Zealand) has been adopted for mental health workforce development. This paper outlines the three-year strategy and explains the underpinning principles. The strategy supports national and regional initiatives that build capacity and develop capability. It has a long-term outlook and aims to establish an ongoing impetus that will prevail beyond 2005. Recent changes to the New Zealand health scene have seen the introduction of 21 District Health Boards (DHBs) whose roles are to govern the publicly funded health sector within their defined district. Planning and funding functions, previously the domain of the former Health Funding Authority, are now vested with the DHBs. Each DHB is responsible for the health outcomes of its population. The Government requires DHBs to collaborate with neighbouring districts for the planning of mental health services. Regional Mental Health Networks have been established to facilitate planning. The centrally funded and administered workforce development programme is something of an anomaly in this new era of local decision making. The presentation will highlight how a national strategy supports linkages and interfaces between locally delivered services whilst still meeting the national workforce needs. Learning Objective 1. A clear understanding of how workforce
development priorities are determined and how individuals can influence the process. 2. An appreciation of the move away from the traditional focus (i.e. training and up-skilling of individuals) to a sustainable, systemic model that incorporates; infrastructure, research and evaluation, organisational development, retention and recruitment as well as training and development.

S037 Populations and Mental Health  
20/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 1  
Gaylia Powell  
Since 1994, the New Zealand Government has provided steadily increasing levels of funding for provision of mental health services for the 3% of the population estimated to have a serious mental illness. The Mental Health Commission is responsible for monitoring and reporting to government on the use of the funding and its impact on service development. The presentation will discuss highlights from the Report on Progress 2000/2001 published in May 2002. It will raise several issues that arise in trying to make accurate assessments of progress and the impact on service users. The audience will learn how far New Zealand's public mental health services have developed over recent years in relation to the national mental health strategy published by the Ministry of Health in 1994 and the Blueprint for Mental Health Services in New Zealand published by the Mental Health Commission in 1998. They will be asked to consider issues that arise in measuring progress, such as challenges in the provision and processing of information, resource levels (quantity) as opposed to service delivery (organisation and quality), and apparent conflict between local and national planning and provision of services. Learning Objectives: 1. The audience will learn how far New Zealand's public mental health services have developed over recent years in relation to the national mental health strategy published by the Ministry of Health in 1994 and the Blueprint for Mental Health Services in New Zealand published by the Mental Health Commission in 1998. They will also learn of some of the issues around measuring progress with the allocation of resources and quality assurance. 2. Since 1994, the New Zealand Government has provided increasing levels of funding for provision of mental health services for the 3% of the population that has a serious mental illness. This funding has been used to develop community services, in particular, throughout the country. However, mental health services and people with mental health issues continue to be subject to negative publicity that may be counterproductive to recovery. We believe it is important that people working in the services, government, the media and the general public are aware of the improvements to date and are realistic about the rate of progress. Policy makers and providers of services and information also need to be aware of the limitations of current measurement and the role they may play in addressing these limitations.

S038 Issues for Acute Services  
20/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 2  
Paper 20 Minutes: The Koori Inpatient Statewide Mental Health Service in Victoria  
Ann Benson  Michael Duke  Ella Russell  
This session will give an overview of the functions and service improvements instituted in a Koori unit within a hospital inpatient unit. The Victorian Aboriginal Health Service (VAHS) purchase five beds at St Vincent's Mental Health Service to provide a state wide service for the Koori community. These beds are part of a larger service provided by VAHS that includes Children and Family Service, Adolescence Mental Health, Adult Mental Health, Drug and Alcohol. The Inpatient beds are serviced by a staff that include a part time Consultant psychiatrist, a medical registrar half-time, access to allied health and a psychiatric nurse, fulltime, who takes a clinical load and is co-ordinator of the inpatient Koori beds. Access to the beds is controlled by the mental health workers at VAHS, however as the working hours of VAHS is restricted to 9-5 Monday to Friday psychiatric triage at the emergency dept take responsibility for access after hours and weekends. A major strength of
the service is that the consultant psychiatrist works part time at both the inpatient unit and at the aboriginal health service. A further strength is that health workers from the VAHS attend inpatient Clinical Review and interact with patients during their admission and are involved in discharge planning and ongoing support after hospitalisation. This service has evolved over a period of time and the last two years has seen major developments and consolidation that aim towards the delivery of a high quality specialist service able to best meet the needs of the Koori community. Learning Objectives: 1.To provide those attending the session with an insight into the special arrangements that have been made to provide an appropriate inpatient service for the Victorian Koori Community  2.To provide those attending the session with an understanding of service developments to ensure a high quality service.

S038  Issues for Acute Services
20/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 2
Paper 20 Minutes: Socio-economic deprivation and psychiatric bed utilisation in an area of New Zealand
Melanie Abas J Vanderpyl T LeProu R Kydd S Alo Foliaki
Background An association has been described between socioeconomic deprivation and use of mental health services. It is not clear what the relationship will be between New Zealand's newly developed composite index of deprivation, NZDep96, and measures of bed utilisation, such as admission prevalence. Method Routine hospital data (1998 to 2000) was analysed for a cohort of 872 persons admitted to the psychiatric inpatient unit at South Auckland Health, involving 1299 episodes of inpatient care. Deprivation was measured using the composite index NZDep96. Results There was a three-fold gradient in admission prevalence and in total occupied bed days between people living in the most and least deprived areas. Conclusions Mental health services need to be organised and funded in ways that take account of the high use of in-patient care among those living in deprived areas. Further research is required to explore the relationship between socio-economic deprivation and use of community mental health services. Learning Objectives: 1.The audience will learn that there is a strong relationship between small area socio-economic deprivation and Mental Health Service use. 2.It is necessary to take area socio-economic deprivation into account when allocating resources for mental health services.

S038  Issues for Acute Services
20/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 2
Paper 20 Minutes: Psychiatric Hospitalisation: Reasons for Admission and Alternatives to Admission in South Auckland, New Zealand
Melanie Abas Jane Vanderpyl T LeProu R Kydd S Alo Foliaki
Background Few projects have directly studied reasons for acute admission and alternatives to admission. Method Reasons for admission and alternatives to admission were rated for a consecutive sample of 255 admissions to an acute psychiatric unit in Auckland, using interviews with staff and a case-note review. Results Most consumers had a functional psychosis and were admitted involuntarily. 40% came from areas of marked social deprivation. The major reasons for admission were for reinstatement of medication (mainly linked to non-concordance with medication), intensive observation, risk to self and risk to others. Only 12% of admissions could have been diverted. Most would have required intensive home visiting by trained staff. For those still admitted at five weeks, 26% could have been discharged, mainly to 24-hour nurse-staffed accommodation. If the alternatives had all been available, simulated bed day savings were 11 bed years per year. Simulated bed day savings were greater through implementing early discharge than by diverting new admissions Conclusions Greater availability of assertive community treatment and of interventions to improve medication concordance may have prevented a small number of admissions. For consumers admitted for longer than five weeks, greater availability of 24-hour nurse staffed accommodation could have allowed considerable bed-day savings. Learning Objectives: 1.For this acute unit, only around 12% of admissions could have been diverted at the point of admission. Most of these consumers would have required intensive
home visiting by trained staff. Non-concordance with medication was linked to the decision to admit in over a third of consumers. For those still admitted at five weeks, 26% could have been discharged if 24-hour-nurse-staffed accommodation had been available. 2. In services with a low bed to population ratio, serving areas of high social deprivation, duration of stay will be long because only those who are severely ill are gaining access to beds. Availability of 24-hour nurse-staffed accommodation and of evidence based approaches to community care, including assertive community treatment and interventions to improve medication concordance, may reduce the use of hospitalisation.

**S039 Dual Disorders: Intellectual Disability & Mental Illness**  
**20/08/2002 From: 1530 To: 1700 Venue: Skyline Room 1**  
**Paper 20 Minutes: The Northern Dual Disability Project: A service for people with an intellectual disability and mental illness**

Karen Ackland  Paul Boag

The Northern Dual Disability Project (NDDP) was established as a joint initiative by NorthWestern Mental Health (NWMH) and DisAbility Services Northern Region to improve services for people with an intellectual and psychiatric disability (dual disability) in the Northern Metropolitan region of Melbourne. The project commenced in March 1999, and has employed two clinicians with experience in both intellectual disability and mental health. The overall aim of the project was to improve service coordination and the relationship between two complex and very different service sectors - Mental Health Services and DisAbility Services, in order to achieve improved outcomes for persons with dual disability. Objectives included the provision of a consultation service to facilitate access to DisAbility Services and Clinical Mental Health services for clients with a dual disability, training regarding dual disability to improve the knowledge and information base for workers in both sectors regarding dual disability, and the provision of direct clinical services to dual disability clients with complex needs. It was also envisaged that the project would result in systemic change and the development of strategic policy directions regarding the provision of services to persons with dual disability. This presentation will describe the service activities of the project, some issues identified by the project, and recommendations made by the project clinicians and steering committee for consideration in future service development. Key findings from an independent evaluation of the project will be presented. Learning objectives: 1. People in the audience will gain a greater understanding of this unique service initiative for people with an intellectual disability and a psychiatric disorder (dual disability). 2. This presentation is relevant to mental health services in several ways: people with a dual disability have complex needs but often do not, in practice, experience the same rights and opportunities as other members of the community in accessing appropriate public mental health services. 3.To stimulate interest and discussion regarding models of service provision to clients with a dual disability.

**S039 Dual Disorders: Intellectual Disability & Mental Illness**  
**20/08/2002 From: 1530 To: 1700 Venue: Skyline Room 1**  
**Paper 20 Minutes: Mental Health and Intellectual Disability: Working across two systems**

Stephen Edwards  Chad Bennett

Increased awareness of clinical need, a progressive national mental health policy and funding at state/territory level is enhancing access to the public mental health system for people with intellectual disability. Despite these advances, professionals and carers frequently report difficulty obtaining the best outcomes for people with dual disability from two quite separate service systems. Misunderstandings about the legislative, policy and clinical practice related differences lead to barriers between service systems. In most western countries, the service systems for people with intellectual disabilities and for people with mental illness share a common institutional heritage; nevertheless they have emerged quite differently from the past twenty years of service redevelopment. This paper will examine historical and contemporary points of comparison in areas of legislation, policy and clinical practice, with particular
reference to adults with dual disability. A greater understanding of these contrasts will assist clinicians, policy makers and carers in dealing with perceived barriers between services and help to facilitate effective clinical services for people with dual disability. Learning Objectives: 1. Participants will gain a greater understanding of the reasons for potential barriers between two contrasting service systems used by people with intellectual disability and mental illness. 2. Minimising these barriers will enhance the service responses for adults with intellectual disability who use public mental health services.

S039 Dual Disorders: Intellectual Disability & Mental Illness  
20/08/2002 From: 1530 To: 1700  Venue: Skyline Room 1  
Paper 20 Minutes: Clinical Outcomes Data of People with Intellectual Disability and Mental Illness: Characteristics of a Group Sample  
Chad Bennett  David Watkins  Stephen Edwards  
Over 3 years, routine collection of demographic and clinical data has yielded informative material on certain characteristics and clinical outcomes of a particular consumer group. The group under study has been drawn from referrals taken by the VDDS from Victorian public mental health services (AMHS) during the specified period. Using the HoNOS-ID and CGI as measuring instruments pre- and post-intervention and certain demographic material gathered in a clinical-research database, this paper provides an overview of particular characteristics of a group sample. The data also highlights some emergent themes. Notable findings were made in the areas of: * Diagnostic clusters * Indices between severity of ID and diagnosis * Recovery and relapse patterns * Treatment outcomes Learning Objectives: 1. Audience participants will learn about the clinical data outcomes and characteristics of a group sample. 2. This paper provides audience participants with information based on research data about a population group that is receiving increasing clinical attention in Victoria's public mental health services. It is anticipated that the information will add to the knowledge base of dual disability and raise some issues for consideration for mental health clinical staff.

S040 Consumer Consultation & Rural Mental Health  
20/08/2002 From: 1530 To: 1700  Venue: Skyline Room 2  
Workshop 1.5 Hrs: Rural Mental Health Consultation Project - Consulting Consumers in Rural and Regional Victoria  
David Mithen  Michael O'Brien  Pat O'Leary  
Presenters: Michael O'Brien, Rural Advocate, Victorian Mental Illness Awareness Council, David Mithen, Project Consultant, Patrick O'Leary, Project Support, Department of Human Services. In 2001, the Victorian Mental Health Branch made a commitment to gain a better understanding of how mental health services are provided in rural Victoria. The commitment was driven by the need to be in a position to make informed decisions about rural mental health service improvements. The project was jointly facilitated by the Victorian Mental Health Branch, Rural Regional Offices of the Department of Human Services, and the Victorian Mental Illness Awareness Council. Additional assistance was also provided by the General Practice Division of Victoria, Area Mental Health Services and non-Government Agencies The Victorian Rural Mental Health Consultation Project is unique in the way it set out to gain insight into the perspectives of Consumers, Carers, Clinical Mental Health Services, Psychiatric Disability Support Services, Schools, GPs, and other Primary Health and Community Services independently. That is, each stakeholder group, with the exception of consumers was invited to complete a survey which was then collated by stakeholder group to identify the major themes. The Victorian Mental Illness Awareness Council (VMIAC) was engaged by the DHS to conduct the consumer consultations around Victoria. The Rural Advocate, Michael O'Brien, used existing groups based at Psychiatric Disability Support Groups and Acute Psychiatric Wards as the basis for the consultations. Other groups have been started as a result of the consultation, as members of PDSSs heard about the consultation and contacted the VMIAC to become involved. While the workshop will deal with the project as a whole, the main focus will be on: consideration of the overall methodology;
examination of the consumer consultation process and the issues raised; examination of the level of consistency and contrast between consumer and other stakeholder views; and pulling everything together into an interactive 'What does this all mean' and 'What directions does rural mental health service development need to take' workshop - hopefully drawing some conclusions from the group. The workshop is divided into 4 parts: 1. Consideration of the overall methodology; 1.1. Establishing access to stakeholders' views 1.2. Consulting with consumers, 1.3. Posing questions which allow open-ended discussion 1.4. Formality vs informality in the consultation process 1.5. Recording and reporting 2. Examination of the consumer consultation process and the issues raised; 2.1 Overview 2.2. Good aspects of mental health services 2.3. Aspects of mental health services that need improvement 2.4. Priorities for improvement in mental health services, including suggested new initiatives 2.5. Information needs of consumers 3. Examination of the level of consistency and contrast between consumer and other stakeholder views 3.1. How clinical services described mental health services 3.2. How non-clinical services described mental health services 3.3. How carers described mental health services 3.4. Areas of agreement and disagreement between consumers and other stakeholders. 4. Pulling everything together into an interactive 'What does this all mean' and 'What directions does rural mental health service development need to take' workshop - hopefully drawing some conclusions from the group 4.1. Participants will assess critically the methodology of the consultation process, with the task of suggesting ways in which the project could have been better conceived, better set up and better implemented. It is hoped that such a process will lead to better outcomes for future, similar projects. 4.2. Participants will address ways of achieving implementation of each group of stakeholders.

S041 Black and White: A Partnership of Colour
20/08/2002 From: 1530 To: 1700 Venue: Skyline Room 3
Workshop 1.5 Hrs: Black and white, a partnership of colour emphasizing emotional and spiritual well being
Alix Hunter  Lance James
Aboriginal Australians are often excluded from mainstream mental health services. Neami and the Victorian Aboriginal Health Service formed a partnership to ensure the programs of Neami Splash Arts Studio were accessible to and include Aboriginal people. VAHS and Neami Splash Art Studio developed a collaborative partnership to arts based mental health service delivery. This partnership has resulted in Aboriginal people making up 26% of Splash clients. Neami's partnership with the VAHS was motivated by both organisations' commitment to provide holistic services relevant to indigenous culture, emphasizing emotional and spiritual well being. The program at Splash consists of a Aboriginal Women's Group and workshops exploring different mediums including painting, mosaic, drawing and facilitating new opportunities for exhibiting and participating in wider community events. Splash staff have taken direct advice from the Aboriginal community for the development, monitoring, operation and review of Splash's programs. This paper will provide data on the essential elements required making a partnership work. At Neami this has made a white community rehabilitation and support service 'black and white with color all over'. Learning Objective - People attending this workshop will: 1. be able to explain and apply the essential elements of developing a collaborative partnership with Aboriginal organisations which will directly increase to number of Aboriginal people participating in their community rehabilitation and support service. 2. thoroughly understand that services have a direct service delivery, social and moral imperative to develop their programs based on direct advice from aboriginal people thus ensuring aboriginal clients can access and participate. Hundreds of years of injustice and deposition inflicted upon Indigenous people must be rectified by mental health services committing themselves to building relationships and taking advice from the Aboriginal community in order to ensure their services are culturally appropriate.
Abstracts for conference presentations on

Wednesday 21\textsuperscript{st} August
S044 Keynote Speaker
21/08/2002 From: 0900 To: 1000 Venue: Harbourside Auditorium 2
Keynote Speech: An holistic approach to recovery
Vicki Katsifis
Diagnosable illness of any kind is confronting on every level. It can crush the spirit, darken the soul and leave a person floundering in the shadows of their hidden potential. This talk will explore and challenge established modes of thinking in service delivery and consumer advocacy, by looking at the concept of recovery from an entirely new perspective. One must begin with the image of wellness in its entirety and then be committed to its undertaking. Vicki Katsifis utilised a self designed method of recovery using a multidimensional system which incorporated healing of the mind the physical body, the spirit and a confrontation of her past, her present and the limitless possibilities of the future. Healing modalities explored include neurolinguistic programming, hypnotherapy, cognitive behavioral therapy, self psychology and mind body healing.

S045 Critique of Mental Health Service in Australia & NZ
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 2
Symposium 1.5 Hrs: Critique of mental health services in Australia & New Zealand
Gavin Andrews  Peter Ellis  Tom McGuire
Gavin Andrews, WHO Collaborating Centre, UNSW at St Vincents Hospital, Sydney. In 1990 we published the Tolkien report that argued that current expenditure was sufficient to provide a comprehensive mental health service, public and private, hospital and community, to meet Australia's needs. Ten years on, with the National Strategy having taken effect and armed with good epidemiological and service data, we will describe the average picture of service availability for the country. Who has what disorders, how disabled are they by those disorders and what services do they use and want. What is new is that we now have good cost effectiveness data and can tell which disorder management plans and which services are more affordable and which are less so. Because of the advent of clinical practice guidelines and evidence based medicine we can model the cost implications of a service that did everything right. That is, all who were afflicted could find treatment in accord with clinical practice guidelines, and, because they owned their management plans, could make the best recovery possible. But what would such an ideal service look like. Do we have the correct infrastructure, organization, professional skill mix, consumer cooperation, and clientele to maximize this goal of lessening the burden of mental disorders? Learning objectives: 1. Management by crisis resolution is not advisable 2. Cost effectiveness data may conserve the mental health dollar so that we can help many of those who now go without.

S046 Symposium: School-based Interventions in Mental Health
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 1
Invited Symposium: Learning for Life: School based Interventions in mental health
Judy Jones  Caroline Hunt  Jan Pennington  Gavin Andrews  Rocco Crino  Alicia Erskine  Rhoda Immerman  Beverley Raphael  Kym Scanlon
Paper 1: Judith E Jones, Kym Scanlon, Beverly Raphael  Centre for Mental Health, NSW Health: The NSW School-Link Initiative - Achievements and Challenges. School-Link is a statewide framework in NSW for improving the recognition, understanding, prevention and management of mental health problems in children and adolescents. The framework for School-Link is based on the population mental health approach covering the full spectrum of interventions (mental health promotion, prevention, early intervention and treatment in mental health) for school-aged children and adolescents through a collaborative partnership between NSW Health and the NSW Department of Education and Training. The initial focus of School-Link has been depression and related disorders in adolescents. Two significant achievements of the initiative have been the appointment of School-Link Coordinators in the seventeen Area Health Services across NSW and the implementation of the School-Link Training Program for school and TAFE counsellors and mental health workers. Linked with these have been many local achievements built around collaboration and partnerships between...
Area Health Services and schools. Future directions for School-Link are aimed at sustaining and building on the achievements to date, maintaining and enhancing the links which have been established and expanding the focus across a range of ages and mental health issues. Paper 2: Caroline Hunt: The effectiveness of an early intervention school-based program for anxiety and depressive disorders. The efficacy of an early intervention strategy, that is the benefit of the intervention to children deemed 'at risk' for the development of an anxiety or depressive disorder, has been demonstrated (eg., Dadds, Spence, Holland, Barrett & Laurens, 1997). In short, a cognitive behavioural intervention has been shown to reduce the rate of existing anxiety disorder and prevent the onset of new anxiety disorders across middle to late childhood and early adolescence. The current research extended the work of Dadds and colleagues by assessing whether the benefit of this intervention can be replicated when conducted wholly within the educational sector, by school counsellors and teachers. Nineteen Catholic secondary schools within the Sydney Archdiocese participated in the study and were randomly allocated to either the intervention or control conditions. In total, 1,153 students in year 7 were screened for risk of developing future anxiety problems. One hundred and sixty-three students identified 'at risk' for anxiety completed the school-based intervention, while 125 students formed the control group and received the option of a control intervention. Preliminary results from the project will be presented, including short-term effects of the intervention and an assessment of the quality of implementation in this setting. Learning Objectives 1. People in the audience will learn about the preliminary results from an early intervention program aimed to reduce anxiety and depressive disorders in adolescence, as well as some of the practical issues in conducting such a project across a large number of secondary schools. 2. While the efficacy of early intervention programs for anxiety disorders has been demonstrated, questions remain about the feasibility of running these resource-intensive programs within the school system. The results if this study will have implications for the allocation of scarce mental health resources towards such early intervention programs. Paper 3: Jan Pennington and Danielle Hurda, MIE - A: 'INSIGHT' - a mental health awareness presentation helping to increase knowledge of, and change attitudes of secondary school students to mental health issues. Abstracts: Increasing mental health problems in young people are a growing community concern as they experience changing family patterns and increased pressure in the home, school and in society. The World Health Organisation believes depression will be the leading cause of disability in twenty years and today's generation of young people will bear the burden. One of the key environment where change can happen is the school. The main emphasis of MIE-A (NSW), a non-profit organisation, is the empowerment of young people to recognise and take care of their own mental health and to reassure those with mental health problems and disorders, and their families, that they are not alone. This is achieved through a mental health awareness presentation 'INSIGHT' which promotes mental health literacy including the ability to recognise specific disorders and identify risk factors, thus enhancing coping mechanisms for dealing with the stresses across a life span, especially at points of transition and to assist in the early detection and intervention of mental health problems and disorders and assists in changing attitudes towards positive recognition and help seeking, treatment and support.

S047 Rehabilitation in Forensic Mental Health 21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2 Paper 20 Minutes: A Multi-Disciplinary and Service User Approach to Rehabilitation within a Forensic Mental Health Setting Raksha Lutchman Dr Vigneswaran Ram Murthi The challenge for staff involved in the rehabilitation of mentally disordered offenders is working towards ideals of rehabilitation in a step-down approach. This is to meet the needs of the service users, their Whanau and the safety of the community. Best practice methodology suggests multidisciplinary input and service user involvement into treatment and rehabilitation planning. This paper will explore how the Forensic Multidisciplinary InPatient Unit, reassess and monitor the service user through the duration of stay, how the team uses a wide range of therapeutic interventions for rehabilitation. Details of the assessment process
(using the LSP and HoNOS) before and after the therapeutic interventions will be outlined in the paper. Our services recently implemented this evidence-based approach over the last year. There has been some evidence that the therapeutic milieu is effective in enhancing the Quality of Life of the service user. Agreed goals are small and therefore obtainable and achievable. This has shown that a gradual and graded approach towards rehabilitation enables the service user to function optimally in the community with support. This approach is intertwined with ongoing evaluation of the level of risk linked to the level of security required to manage the risk. Learning Objectives: 1. They will gain understanding of: (a) How to identify rehabilitation needs of service users with use of the 2 assessment tools. (b) How to structure effective programs based on the needs (c) How to re-assess the effectiveness of the program (d) How to develop on-going long-term programs 2. Due to this category of people being in hospital for a longer period of time with the Mental Health Services, this approach provides the multidisciplinary team with a framework and structure for treatment. This approach provides the service users with the basic skills and support that is required for their step-down approach to community integration.

S047 Rehabilitation in Forensic Mental Health
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Using a university model to develop a therapeutic program in forensic mental health
Kate Boylan Bronwyn Fotheringham Carolynne Holdsworth Jenny Gay Ros Wright
Thomas Embling Hospital is a new, purpose built, 100 bed forensic psychiatric hospital in Melbourne, Australia. Open since April 2000, the Hospital aims to become a centre of excellence in the care and treatment of mentally ill offenders. The Hospital's Campus Program, which forms an integral part of treatment, is managed by the occupational therapy service. Accessible by patients from all 6 Units, the Campus Program includes vocational education and training, recreation and leisure, psychotherapeutic groups, chaplaincy and a community involvement component. Modelled on a University concept, all programs are on-site, but are conducted outside of the residential Units (on 'campus'), and thus the Campus Program mirrors the way that people living in the community may access such services. The program is delivered by a combination of clinical staff and community based agencies (including TAFE and YMCA). This paper will discuss the philosophy, implementation, development and delivery of the Campus Program. The process of recording, reporting and evaluation this large organisation-wide therapeutic program will also be presented, along with the preliminary findings of research investigating the therapeutic value of the Campus Program from an occupational perspective. The Thomas Embling Hospital Campus Program is an innovative program designed to maximise the opportunities for the inpatients of a forensic psychiatric facility to engage in a variety of programs including leisure pursuits, vocational education and training, and psychotherapeutic groups. Learning Objectives: 1. For people to hear about an innovative approach to developing a therapeutic program in a large psychiatric facility; and to explore ways in which vocational education and training, leisure and recreation, and psychotherapeutic groups can be combined to form one integrated 'Campus Program'. 2. Therapeutic programs have long been important to mental health services, and this presentation will detail an organised, integrated approach to program delivery which was developed to meet the needs presented by inpatients of a forensic psychiatric hospital.

S047 Rehabilitation in Forensic Mental Health
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Psychiatric Rehabilitation and Pension Entitlement - Case Law Outcomes from Advocacy with Forensic Patients
Jim Poulter
When confronted with a change of policy by Centrelink that resulted in psychiatric inpatients being cut off the pension, the author together with the Victorian Mental Health Legal Service
undertook patient advocacy that sought to re-establish entitlement. A series of cases were taken through both the Social Security Appeals Tribunal and the federal Administrative Appeals Tribunal. Arguments were put as to the legal definitions of psychiatric confinement and rehabilitation. The contemporary rehabilitative purpose and legal mandate of Thomas Embling Hospital was contrasted to the past State policies of psychiatric warehousing. Evidence was given on the present day processes of Case Management and Individual Service Plans that demonstrated rehabilitation planning with patients from first admission. After outlining the nature of case precedents established in the definition of psychiatric rehabilitation, the paper discusses the advocacy techniques involved and explores differences in ethical base between legal advocacy and Social Work advocacy. The ethical commitment of Social Workers to social justice and system change is seen not only as a tool for tackling class or group issues, but also as a valuable tool for raising individual client consciousness on structural issues, and the development of more altruistic client motivation. Learning Objectives 1. The audience will learn about current issues and policies in pension entitlement for forensic patients, the new case law defining the structure and duration of rehabilitation courses for people in psychiatric confinement, and the underlying ethics of the advocacy techniques employed. 2. This topic is relevant to mental health services, as it informs on current case law affecting forensic patient pension entitlements, discusses principles and techniques of Social Work advocacy, and compares the differing ethical bases of legal and Social Work advocacy.

S047 Rehabilitation in Forensic Mental Health
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Self Reconciliation and Community Manageability - Twin Goals of Rehabilitation Planning in a Forensic Hospital
Jim Poulter
Previously a government department service, the V.I.F.M.H. (Forensicare) became a separate statutory authority in 1998. Since opening Thomas Embling Hospital in 2000, significant developments have occurred in forensic patient rehabilitation planning. Strategies of Case Management and Individual Service Plans have strengthened a multidisciplinary, collaborative, personal growth oriented approach, within which the medical diagnosis and treatment model is contextualised. The paper maps the developments achieved by staff and patients over the last two years in defining this new model of practice. Reflection and discussion with patients on their common personal journey experiences, from illness and offence through to the stage of community re-entry, has enabled the twin rehabilitative goals of self-reconciliation and community manageability to be identified. The development of the model has in turn affected the ongoing design and delivery of programs within the hospital. There is now a core focus on establishing a therapeutic alliance with patients and gaining understanding of the patient's own sense of meaning of their life experiences. This more subjective, existential and constructivist approach is also proving to be a more integrative basis for other more traditional medical treatment, cognitive-behavioural therapy and instructive-learning approaches. Learning Objectives 1. The audience will gain an understanding of how patient commitment to and the success of rehabilitation is related to the strength of therapeutic alliance established with patients, and the degree to which patients develop a sense of their life narrative and an understanding of the politics of their identity. 2. The development of a more subjective, growth oriented rehabilitative model is a key issue in helping service agencies adopt a true multidisciplinary approach. The approach breaks down the traditional more objective, treatment-oriented model that ultimately serves to encourage patient dependency and perpetuate professional power within separate bunkers.
Paper 20 Minutes: Better use of local health services: an innovative approach to the provision of rural mental health services

Peter Murphy  Barbara Gregory  Wayne Jensen  Terry Russell

Castlemaine Community Mental Health Service and Mt. Alexander Hospital have developed an innovative program to provide inpatient mental health treatment to people with a mental illness within the local community as an alternative to transfer to the regional specialist inpatient service. The program has built on a tradition of collaboration and cooperation in the treatment and care of people with a mental illness within the local community. It includes regular training for general nurses on mental health issues, the development of collaborative care plans, joint policy development and the enhancement of informal networks. Over the last year, 80% of inpatient mental health treatment for the area occurred at the Mt. Alexander hospital, general nurses reported an increase in confidence and skill in the caring for people with a mental illness and there has developed a widespread commitment to the further development of the program. The program provides increased flexibility in the treatment options available to people with a mental illness living in a rural community and ensures that people are treated close to their supports. It also illustrates that quality services can be delivered despite geographical isolation and limited resources. Learning Objectives

1. Participants will learn of strategies used by a community mental health service to reduce the negative impact of geographical isolation and limited resources in responding to the need to develop flexible options in acute inpatient care
2. Participants will learn that innovation and quality care is possible despite geographical isolation and limited resources.

S048 Partnerships in Rural & Remote Mental Health
21/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 3
Paper 20 Minutes: Education and Training on Mental Health Issues in the Rural Setting- Helping to Remove the Stigma

Carol Leslie  Noel Timbs

Background: Mental health consumers face difficulties when presenting to Emergency Departments. Rural health services have problems recruiting and retaining mental health nurses. Innovative ways of increasing the mental health (MH) knowledge of generalist nurses were required. Results: To determine gaps in knowledge and ongoing training needs, nurses from 6 hospitals in Greater Murray Area Health Service were surveyed and several areas of need were identified. Understanding of MH issues within these settings was minimal mainly because of the small content of mental health in their basic training. Outcomes: Training packages were developed so mental health nurses could enhance competencies of generalist nurses throughout the region. Post presentation, staff have shown greater awareness of mental health issues, placing emphasis on primary prevention. Mental health services are now being used more effectively in a collaborative way to improve consumer access and service delivery; as well as the clinical skills of nurses. Training of Emergency Department staff on mental health issues can improve outcomes for Mental Health consumers and help to remove stigma. Learning objectives

1. The audience will see that this rural model of dealing with mental health issues needs to be a different model to metropolitan areas, due to lack of resources and geographical layout. They will see that rural and remote nurses need to be innovative in the way services and education are delivered so as to improve the outcome for consumers and help to remove stigma.
2. This strategy will contribute to the framework for further development and reform of mental health services in rural areas. The perceived outcome for consumers will be service enhancement, and the co-ordinated, continuum of care between general hospitals and mental health services.
S048 Partnerships in Rural & Remote Mental Health
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: Improving Access for Rural People to Treatment for Anxiety and Depression: The Depression Anxiety Research and Treatment (DART) Program.
Gene Hodgins Fiona Judd Adrian Donoghue Joe Scopelliti Henry Jackson Greg Murray Michael Kyrios Alexandra Cockram Nick Allen Angela Komotti Julian David

Anxiety and depressive disorders have a high prevalence rate in the community. Rural Australians have limited access to care for all mental health problems, including anxiety and depression. As well, area mental health service clinicians and General Practitioners who work in rural areas have limited access to opportunities for training, supervision and research opportunities in this area. This presentation will describe a collaboration between the University of Melbourne Departments of Psychology and Psychiatry, and a rural Area Mental Health Service (Bendigo Health Care Group Psychiatric Services) to provide a specialist anxiety and depression education, treatment and research service in rural Victoria (the DART Program). Services described will include: the clinical service (DART Consultation Clinic); the education, training and on-going support service (for General Practitioners and area mental health service clinicians); and the research program. Each of these components illustrate the flexibility needed to provide more effective services in the area of anxiety and depression in rural areas, giving consideration to the unique challenges faced by sufferers and clinicians alike.

Learning objectives:
1. Audience members will learn about a program that endeavours to provide a comprehensive clinical, educational and research service in a rural area for anxiety and depression.
2. This topic is relevant to mental health services as it addresses important gaps in clinical, training and research for anxiety and depression in rural areas.

S048 Partnerships in Rural & Remote Mental Health
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: 'Moving forward' A rural approach to service partnership
Anthony Graham Kathryn Leeson

This presentation outlines the collaborative approach to Mental Health service provision in a rural community. Pathways Rehabilitation and Support services is a major provider of community based programs involving social, vocational, recreational, support and accommodation for individuals with a mental illness in the Barwon region. Barwon Health Community Mental Health Team provides crisis intervention, clinical support, advice and education in collaboration with a wide network within the broader community to facilitate service interventions and quality of life for those suffering a mental illness. Barwon Health Community Mental Health Team and Pathways, both have service outlets in the Colac/Otway Region. This Region has a population of 19,764 people. 50 % live in Colac with the remaining population scattered over small rural townships. A Colac/Otway Shire study conducted two years ago revealed that 40% of households, compared to a national average of 20%, identify Mental Health as an issue for their household. Both services have sought to address a fundamental challenge, provision of appropriate mental health service support to a disadvantaged rural community. Through collaboration in service planning and intervention we have sought the development of individual pathways of recovery from initial clinical response through to ongoing community rehabilitation options of support. Learning Objectives: 1. Effective collaboration in service provision between clinical services and community rehabilitation providers will provide an environment that promotes the recovery process. 2. The relationship between clinical services and community rehabilitation providers has been developed to promote a pathway of service response that promotes an effective and appropriate model of engagement. This presentation will provide an overview of the model utilized in a rural environment.
S049  Quality, Standards & Evaluation
21/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Auditing: A means for positive change
Katherine Fell  Deb Lutchman
The current health environment places a strong emphasis on quality service delivery, evidence-based practice/medicine and clinical effectiveness. In recent years National Mental Health Standards have been developed as a means to address quality improvement and ensure mental health services provide the highest standard of treatment and support. Compliance to these standards has become both a contractual and legislative requirement. The challenge for mental health services is to prove compliance yet promote continuous quality improvement and a positive environment for change in a difficult economic climate. This paper will explore how the Waikato DHB Provider Arm Mental Health Services developed and implemented a three year audit programme to establish compliance with the New Zealand National Mental Health Sector Standards. The complete audit cycle will be reviewed: development, implementation with emphasis on audit outcome. Although the service is only into year two of the project there is evidence that audits are leading to positive service changes and are well accepted by staff as a systematic and effective tool for quality improvement. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? They will gain understanding of: How National Standards can be used for continuous quality improvement How to develop audit processes in a collaborative and inclusive manner. How to develop staff ownership for the process 2. How is this topic/issue relevant to mental health services and mental health issues? The paper will provide evidence that auditing can led to positive organisational change. Opportunities for regional network monitoring and sector wide improvement activities.

S049  Quality, Standards & Evaluation
21/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Improving quality of life: Personal Care Support Standards for Persons Residing in Psychiatric Hostels
Rosina Vogels  Duane Pennebaker
In an attempt to enhance the quality of life of persons with a psychiatric disability residing in a hostel, this study developed service standards that were included within a purchasing framework for personal care interventions and quality of life (Felce and Perry, 1996). The personal care interventions covered 8 areas that were cross-matched with five areas of quality of life. Service standards were developed in eight areas of personal care including nutrition and hydration, personal hygiene, immediate environment, medications, challenging behaviour management, communication, personal care management, financial management and budgeting. The methodology involved several stages. The first stage involved intensive interviews with hostel care providers as well as focus groups with consumers and carers. This stage identified the components for personal care support services and quality of life. The second stage involved the development of personal care support services standards (PCSS) using the Australian National Standards for Mental Health Services as a guide. The process of standards development was consumer, industry and purchaser driven through an iterative process of consultation, consensus and refinement of the standards so that they meet criteria for appropriateness, credibility and acceptability. The PCSS framework was outcome focused and included indicators of quality for PCSS and corresponding quality of life area. Each standard was required to meet criteria for being realistic, achievable and measurable. A self-review and external review system for monitoring the standards to meet purchasing requirements for quality assurance was established. Learning Objectives 1. The audience will acquire information about identifying and developing standards for personal care services as applied to the context of psychiatric hostels and how to link these standards to individualized personal care packages. 2. The relevance to mental health services is understanding the need to develop service standards that provide for both relevance not only establishing industry standards but for ongoing monitoring through measurable service attributes for continuous quality improvement.
The framing of the question for this paper is intended to be provocative. More importantly it is an opportunity for reflection on what are the benefits of research into mental health services. To date the emphasis given to mental health services research has been limited. The contributions that mental health services research can make to improving services to people with a mental illness are significant. This paper will present a review of important issues relevant to the critical importance of mental health services research as a priority for the 21st century for realising the reforms for mental health set in motion in the last decade. At the heart of mental health services research is the goal of improving the delivery of scientifically based treatments and the quality of information that one has access to for improving decision making whether at a policy level or in terms of one's personal health. As the mental health system evolves, policy makers, providers, consumers and carers need more access to research results and evaluation methodologies that are strategic rather than historic. We are at the end of the Decade of the Brain that began in 1990 at National Institute of Mental Health (USA). There has been tremendous investment in research into the brain disorders that give rise to what we call mental illness. From this investment have come new understandings and treatments. However, there has been relative little focus on research on how people with severe and persistent mental illnesses best receive treatment and services. In other words how can services be most effective in what contemporary treatment and service has to offer. The paper will present examples to highlight the benefits that can be derived from mental health services research and areas for strategic importance that can be addressed.

Learning Objectives:
1. The audience will acquire information about the importance and benefits of mental health services research for the 21st century and what it can provide healthcare decision makers.
2. This paper is relevant to focusing service providers, consumers and policymakers on the need to participate and sponsor applied health services research that is strategically important and locally available.

S049 Quality, Standards & Evaluation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Evaluating a school-based mental health program to reduce stigma, improve mental health literacy and increase help-seeking (MIE-ACT)
Debra Rickwood
Mental Illness Education (ACT) is a program whereby consumers and carers go into high school classrooms to share their experiences in order to reduce the stigma associated with mental illness, and improve the mental health literacy and personal help-seeking behavior of young people. An independent evaluation of the project was undertaken by the Centre for Applied Psychology in such a way that important needs for both organisations, as well as the ACT government, were met. This paper reports the design that was used for the evaluation, which comprised both quantitative and qualitative elements. It also reports the outcomes of the evaluation, which revealed that the program was particularly effective at reducing stigma and improving mental health literacy, but less effective at encouraging personal help-seeking behavior. Suggested improvements to make the program more effective, particularly for boys, are also outlined.

Learning Objectives:
1. The audience will gain 3 things: be shown a quasi-experimental research design to evaluate a mental health promotion program learn the outcomes of the evaluation - that is, whether the program works be shown an example of an effective partnership between a NGO mental health promotion service, government, and a teaching and learning institution
2. Mental health services are often required to undertake evaluations in order to justify their funding or for their own program development. This paper shows how one organisation undertook such an evaluation and the outcomes of it.
S050  Getting Active and Creative  
21/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 5  
Paper 20 Minutes:  Dandenong Kangaroos Football Team - Fitness, Community, and a place for everyone  
Tim Brewster   Daniel Miller
The RecLink Football competition in Melbourne, Victoria provides an opportunity for socially disadvantaged people to play football in a fun and friendly social environment. Season 2001 saw the introduction of the Dandenong Kangaroos into the competition. Players and team organisers came from local mental health programs, welfare organisations, and the local community. The team comprised players of all levels of ability and backgrounds, some with mental illness and some without. The focus was on fitness, fun, and developing a social network throughout the club that included families and friends. Local businesses, councils, and service clubs got behind the team as sponsors and supporters. AFL clubs donated club jumpers and equipment and hosted the team to training sessions at their facilities. This paper describes a program that addresses two issues. First the link between mental illness and physical fitness and how the football team provided an opportunity for players to increase their level of fitness through an activity that emphasised participation and having fun. Second, using a community development model, it traces the development of the team identifying the goals and strategies formed along the way. It highlights the sense of community that occurred within the team and the benefits of integrating players from varied backgrounds. Daniel, as a player, offers his own views and insights regarding his involvement on the team and the effect it has on his life. Learning Objectives:  1.The listeners will learn about the issues such as poor physical health and social isolation that lead to the development of the football team and the resulting benefits for the players and broader community. Participants will develop a better understanding of the community development principles the project was based on and how those principles were applied to the development of the team. The listeners will also gain an understanding of the impact on the participants in terms of their self-esteem, sense of belonging and learning new skills.  2.It has been well recognised that people with mental illness often have poor physical health. This paper addresses the issue of fitness but also incorporates other aspects of mental wellness including a sense of community, integration with community groups and services, and the resourcing of community projects.

S050  Getting Active and Creative  
21/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 5  
Paper 20 Minutes:  Finding Your Feet Project   Making Friends With Oneself Through The Use Of Shadow Puppetry  
Zeb Brierley
The 'Finding Your Feet' project worked with a group of young people who experienced mental health issues. This project focussed on the idea of mental well being & developing protective factors that would contribute to resilience ie. sense of connection & community, self esteem, new ways of perceiving & development of positive communication skills. Art Therapy, Narrative Therapy & Strength Based approaches were used to explore and develop this. Shadow puppetry was the vehicle for bringing it to life. It offered a rich metaphor through which the young people could identify aspects of themselves that detracted from well-being as well as identifying their nurturing qualities. Shadow puppetry allowed for objectification and distance from discomforting aspects of themselves, as well as providing a fun and creative way of dealing with them. This process gave a means for renegotiating a relationship, perception of these discomforting factors and a sense of control over them. The personal wisdom that emerged from the young people's experience in this project contributed to an expressed sense of self empowerment and that life in all it's dark and light aspects can be celebrated. Learning Objectives:  1.The powerful impact and relevance of using a therapeutic modality that is art based in developing mental well being.  2.How resilience in the form of a sense of connection, self esteem, new ways of perceiving and development of
positive communication can be achieved through the use of an art modality and improve mental health.

**S050 Getting Active and Creative**  
**21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 5**  
**Paper 20 Minutes: Pet Therapy In A Mental Health In-patient Unit**  
**Lesley Nord**

The benefits of pet therapy in the health environment are widely documented but this presently unsupported in the mental health area. In mental health pet therapy was common, but due the changing in-patient environment with shorter lengths of stays and greater acuity levels of very ill patients this has suddenly become a thing of the past. To implement this program for our unit many obstacles required overcoming, some of these included the safety of the pet, responsibility of care, costs associated with the program and staff and patients attitudes. Lengthy consultation with both management and staff of the unit lead to the implementation of the program initially one day a week. The response form our consumers was overwhelmingly positive, a howling success, with requests to include Meg an Honorary member of staff very quickly. The program has since grown both within and outside the unit with strict management guidelines being developed for the continuation of the program.

Protocols for management of the Meg within the inpatient unit have been developed and implemented. Meg now visits for three days a week with an option of more if needed. One of the unexpected outcomes of introducing this program has been the change in attitudes of staff and the general public outside the unit. ‘Meg’ has assisted and continues to assist us in breaking down the stigmas attached to mental health. Learning Objectives: 1. Participants will gain a understanding of the role of Pets in a acute Mental Health admission unit. 2. Aggression, stress and anxiety can be extreme within the Mental Health setting, the Pet Therapy program has demonstrated a reduction of incidents of this since its implementation.

**S050 Getting Active and Creative**  
**21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 5**  
**Paper 20 Minutes: The Psychiatric Hospital as Art College.**  
**Leon Petchkovsky   Linda Chandler   Chris Halloran   Chris Foley**

There is an enigmatic linkage between artistic creativity and psychiatric illness (particularly Schizophrenia and Bipolar Affective Disorder). A large anecdotal and descriptive literature exists, but within mental health services, the notion of art as vocational path has perhaps been taken less seriously than it deserves. The Gold Coast Integrated Mental Health Service Rehabilitation Department, with the help of an Artist in Residence, has provided a strong visual arts programme for patients for the last seven years. Each year a major art exhibition on the Gold Coast is staged by the service and tracks the evolution of consumers’ works and rising artistic standards. This presentation briefly describes the development and implementation of the art program. It highlights some of the artists and their outstanding art works. Vignette 1. A consumer of the service with a diagnosis of Bipolar Affective Disorder develops his air-brush skills to professional levels and graduates to work as an art facilitator for the service. (slides of works) Vignette 2. A consumer evolves an utterly original style and body of works. He has developed a genuine vocational role, even though he has a severe debilitating form of chronic schizophrenia. He has required hospitalisation only once in seven years! (slides of works). Vignette 3. A consumer with a diagnosis of schizoaffective disorder discovers virtuoso skills, evolves a consistent style, comes to the attention of professional art critics, and wins a place at an Art School. Within the last three years, we can document 8 ex-consumer artists who have either become independent exhibitors or progressed to employment in an art related occupation or further education. Currently there are 5 ongoing consumers who are furthering their artistic development at a professional level ! Learning objectives: 1. An appreciation of the potential for consumers to produce professional art and develop professional artist roles given a suitable supportive matrix within a mental health service. 2. Within contemporary public sector mental health planning ideology, creative activities, let alone professional level art productions, are de-prioritised or dismissed, even
though clinical experience suggest strongly that such activities provide a contribution to mental health that is at least as powerful as medication. This regional overview sets a base from which more formal outcome studies might be generated.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation  
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6

Brief Papers 10 minutes: Quitline Workers and Mental Health Services: A Rewarding Partnership  
Sharon Lawn

Mental health service clients who have sought advice to quit smoking have not felt that they have been well served by telephone quit services. Likewise, Quitline workers have, in the past, felt less than confident or skilled to assist such callers. This is despite one in five callers to the Quitline indicating that they have mental health problems. In 2000-2001, a series of ten quit smoking groups were held for smokers with concurrent mental illness as part of a project funded by the Department of Human Services / Tobacco Control Unit/ Quit SA. The facilitation of these community-based groups involved partnerships between quit workers, community mental health service staff and mental health service consumer peer workers who had successfully quit smoking. Using grounded theory methodology, this paper reports on the insights and skills gained by the Quitline workers as a result of being involved in these groups. They overwhelmingly reported that they learnt much about mental illness and gained greater confidence in this area and that their ongoing work with smokers with concurrent mental illness has been more rewarding and effective as a consequence of being involved in this project. The project is an example of highly effective partnerships between agencies, leading to improved service provision to people with mental illness. Such partnerships are seen as essential given the insidious problem of very high rates of smoking by people with mental illness and their access to Quitline services presenting as a significant barrier to their quitting in the past. Learning objectives: 1. People in the audience will learn how some barriers to service provision can be overcome and how partnership between agencies and consumers can be more effective. 2. This topic is relevant because it is a successful example of developing partnerships between agencies providing services to people with mental illness (mental health services) and mainstream service providers (the Quitline) where previously there existed access barriers to this latter community service for people with concurrent mental illness.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation  
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6

Brief Papers 10 minutes: Improving employment opportunities for people who experience schizophrenia: Moving towards innovation.  
Christine Randall

People who experience schizophrenia have been traditionally disadvantaged in the employment market for several intrinsic and extrinsic reasons. Statistics indicate that unemployment remains high for this disability group, despite job placement efforts. This paper reports on an innovative method of improving employment opportunities for people who experience schizophrenia in a high unemployment community, using a previously untested job development method proposed by Denise Bissonnette (1994). Focusing on the hidden job market, Bissonnette's approach aims to benefit the job seeker as well as the employer, eventually creating 'demand' for the clients of an employment agency. In order to examine job development, placement and maintenance issues for a job seeker and an employer, a case study method was employed. The paper describes the process used to analyse the employer's business to determine hiring needs and the job development process. The paper concludes with a discussion of the preliminary results and implications. An analysis of the final results may inform local employment agencies of how they can improve employment outcomes for job seekers who experience schizophrenia, as well as form the basis of further research with the potential to improve employment opportunities for several disadvantaged groups. Learning objectives: 1: The audience will benefit from hearing about
a method of improving employment opportunities for people who experience schizophrenia, which has not been addressed in the academic literature and responds to some of the problems with traditional job placement methods for this disability group. The paper aims to stimulate debate about the more entrepreneurial approaches of job development, as well as about moving away from the charity of employers and more towards creating a win-win situation in employment relationships. 2: The mental health issues being addressed in this presentation are: integration and access to employment, appropriate support and acknowledgement of abilities, mental health in the workplace and employer awareness of mental health issues, workplace attitudes and stigma.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Mental Health Issues Affecting Women
Leonie Walsh
This presentation aims to highlight some mental health issues affecting women so that women-sensitive practice might be enhanced. To women in hospital, parenting and caring roles give particular cause for concern. Issues around sexual harassment, abuse and assault can exacerbate distress. The gender of the psychiatrist and inappropriate relationships between clinicians and patients can impinge. Women may feel increased sexual vulnerability at time of illness or be victims of domestic violence. Borderline personality disorder can be a problematic diagnosis. Treatments, too, raise concerns. Other issues impacting on women affect men equally and can complicate the situation of both genders. However, I believe this presentation demonstrates a range of issues weigh heavily on women experiencing mental illness.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Needs Assessment directs and develops Individual Service Plans
Arthur Papakotsias  Xenia Girdler
Neami, a Community Rehabilitation and Support Service in Melbourne has implemented the clinical version of the Camberwell Assessment of Need (CAN) as the main needs assessment tool. CAN is a structured interview with consumers held approximately 6 weeks after they engage with the service and after they have completed a mental health outcome measure. CAN covers 22 domains of life, listing both met and un-met needs in each domain from both a consumer and worker perspective. Staff and consumers develop an Individual Service Plan (ISP) based on identified un-met needs. The CAN has assisted in making ISPs relevant and responsive in directing the work of staff with consumers. We report the mean profile of 200 consumers who have completed their first CAN. Analysis of CAN results in our database has enabled us to plan services in a systematic and efficient manner. Learning Objectives: 1. The audience will learn the direct and beneficial connection between needs assessment and the development of ISPs. 2.This is a systematic approach for assessing needs and developing ISPs based on both consumer and staff perspectives.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Mingles: A Drop In Program that Works!
Vicki Petsini
Prahran Mission Mingles is a Drop in program that works! Mingles has been operating since 1991 and arose from Prahran Mission staff recognising that peoples' experiences of isolation, alienation and depression (associated with poverty, homelessness and mental illness) are often intensified when access to regular community based facilities and services are limited or closed. Mingles is a café style program on the ground floor of Prahran Mission which is situated in the busy, cosmopolitan suburb of Prahran. The program operates each weekend between 1.30pm and 4pm including Christmas and New Year. It has established and
maintains a safe, open, and supportive environment in which 40 - 60 socially isolated with complex needs, including the elderly, residents of SRS's and rooming houses, Office of Housing residents, the homeless and transient groups in the local metropolitan area, can either engage in social and recreational activities or just 'be’. Mingles has no formal eligibility criteria; any one who wishes to attend is welcome. This 'inclusiveness' has been found to breakdown the barriers between people with 'disabilities' and 'others'. It is the only drop in program in the Metropolitan area operating on the weekend and is highly valued by the people attending, not only for its social and recreational opportunities but also as an out-of-hours information and resource service. This brief paper will provide a profile of the Mingles Program: its aims, objectives and outcomes, the client group and the benefits to program participants and the community. Learning Objectives: 1.The audience will gain an understanding of the value of a cost efficient weekend and public holiday drop in program to the consumers who use it and the wider community. 2.This topic is relevant as so many mental health services are not available on weekends and public holidays.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: The Longest Road
Evelyn Webster
As a Mental Health Consumer for 16years, at various times certain words and phrases have become popular. These appear to have a life of their own and are adopted by different people and organisations that put their own interpretations on the meanings of these. Of course as an individual I can not speak for anyone but myself. I would like to focus on one of the current words 'Recovery' and to talk about the frustrations that I have confronted in trying to come to terms with the meaning of this word. I wish to reflect on the many obstacles that have occurred on my journeys that not only delay my Ultimate 'Recovery' but also at times have made me contemplate giving up the struggle. The fact that I am still travelling along this road with a renewed determination is a testament to the some of the people I have had the privilege to encounter on my trouble filled trek. I am aware that I am not alone in my struggle and that there are many others who have, and still are, making similar journeys and I hope we can help each other by sharing these burdens. Learning Objectives: 1.I hope people will learn from this that the word Recovery means a variety of things and that each person has a right to discover their own Interpretation which must be valued. 2.This is relevant to Mental Health Services and Issues because I believe that in exploring the meaning of this word I was able to highlight both positive and negative actions that certainly made a difference in my life. I would like to have the opportunity to share these in the hope that others may benefit both Consumers and service providers.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Recovery in the Rehabilitation Setting: A Resident's Action Program.
Amanda Noseda  Melissa Paul
Recovery in the Rehabilitation Setting: A Resident's Action Program The Resident's Action Program (RAP) is a consumer initiative by and for residents living at Canterbury Road House (CRH), the residential rehabilitation service of the Central East Area Mental Health Service (CEAMHS) in metropolitan Melbourne, Victoria. RAP provides a forum for consumers to raise issues of importance and concern to them, either related to the CRH program or in the local community. These issues are addressed by inviting guest speakers from community organisations to provide information and answer questions, and by running consumer based evaluations, the outcomes of which are fed back to staff through minutes to the team leader. A culture where everyone is expected to speak was developed, to allow residents to find a voice. This culture has contributed to residents' building confidence in being able to work out for themselves what they do and don't want to do, and how to pursue what they do want. Through RAP, residents have gained skills in self-advocacy and increased their access to

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community services through increased awareness of such and putting a face to the service. Rap is thus an innovative and model program of consumer participation and empowerment in the rehabilitation setting, that has positive outcomes in the recovery process of consumers with a long standing mental illness. This presentation will describe how RAP was set up, run and evaluated so that the process may be transferred to other locations. Learning Objectives:
1. Participants in the audience will learn how they can set up and run a model program of consumer participation and empowerment in the residential rehabilitation setting, and how such a program can achieve positive outcomes in the recovery of consumers with a long standing mental illness.
2. RAP is relevant to mental health services and issues as it demonstrates how consumer participation and empowerment, on any level, can have positive outcomes in the recovery of people with a long-standing mental illness.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Beyond Recreation - Feeling normal for a day
Ewelina Zaborawska

Middle aged women with a mental illness and no family supports have limited recreational outlets. Sunday, in particular, represents family activity day for much of the population. Existing community groups and support agencies very rarely offer weekend activities. Female clients of Middle South Area Adult Mental Health Services - Mobile Support and Treatment Team in Melbourne, Australia, have had the opportunity to participate in recreational activities in the form of monthly Sunday outing over the last four years. The group program is aimed at improving the quality of life of women with chronic, severe mental health issues and often complex physical and psycho-social problems. Women from culturally and linguistically diverse backgrounds accounted for approximately half of the participants. This presentation is a project description. It contains reflections and observations on outcomes for the consumers and the service providers. The group work achieved what could not have been possible in one to one, outreach case management. Outcomes included greater care of personal hygiene and improvement in social skills through to overcoming feelings of derealisation and depersonalisation and empowering women to form their own support networks. The author mixes traditional modes of sharing information with vignettes and visual materials such as digital photos and collages. The presentation could stimulate practitioners, managers and policy makers to think beyond traditional case management models and reclaim the practice of group work. It could also assist in creating a practice of 'seamless' services within and outside public psychiatry. Learning Objectives:
1. Find out about group work in public mental health setting
2. Enhanced model of individual case management providing better outcomes of care.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: The Consumer-GP Tutoring Partnership - fostering consumer participation in medical education
Peter Wise

The Consumer-GP Tutoring Partnership was a project set up to develop a sustainable education program, jointly led by a team of trained mental health consumers and General Practitioners, that sought to enhance the mental health assessment and management skills of GPs. The project involved training five mental health consumers and three GPs to lead three, two-hour workshops for GPs. A key principle underlying the project was that mental health consumers would be involved at all stages, including the planning, development, implementation and evaluation of the program. They would have equal status with the GPs and academics involved in the project, thereby establishing new partnerships between the three groups which would be used in the future development of mental health education programs. The workshops sought to give participants an opportunity to re-evaluate and enhance their mental health assessment and treatment skills, utilising the direct input of mental health consumers. This paper outlines the origins and development of the project, the
issues and challenges faced by those involved, and lessons learnt. Although the workshop leaders training and workshops did not proceed, the project provides a firm foundation for further initiatives in the area of consumer participation in continuing medical education.

Learning Objectives: 1. The audience will gain an insight into the issues and challenges involved in involving mental health consumers directly in the continuing medical education of General Practitioners. 2. Mental health consumers have thus far not been given the opportunity to participate directly in the continuing medical education of General Practitioners. This project sought to provide such an opportunity, in order to foster the mutual interest of consumers and GPs in improving the efficacy of mental health services. It is hoped that this would lead to a deeper understanding by mental health consumers and GPs of each other's issues, challenges and perspectives, and the development of new models of interaction based on collaboration and partnership.

S051 Brief Papers: Focus on Partnerships, Recovery & Rehabilitation
21/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Bite Me
Amanda Goschnick Karleen Gwinner
This presentation showcases an innovative project and explores the utilization of creative arts and participatory processes in the development of a resource about eating disorders targeted to young women aged 12-17 years. These processes were integral to its development and design. The project involved the development of two key resources to be used in work with young women who are suffering from or at risk of suffering from eating issues - a radio program and a booklet for distribution throughout schools in Queensland. The development of these resources are a part of the ISIS prevention strategy, which focuses on improving the nutrition and self esteem issues directly associated with eating issues. ISIS suggests that younger women are often more responsive to messages that have been developed with and delivered by other young women. It is our belief that younger women often do not relate to traditional ways of conveying important messages and instead seek out more creative and alternative forms of expression. This innovative resource aims to address this need and the difficulties young women of this age often have in accessing accurate information and resource, particularly young women in regional and rural areas. Learning Objectives: 1. What will the people in the audience gain or learn from attending this presentation? A creative model for resource development targeting young people at risk of developing an eating issue. 2. How is this topic/issue relevant to mental health services and mental health issues? Eating issues are clearly serious mental health and social issues that affect an increasing number of young women. It has been estimated that some 650 women develop eating disorders each year in Queensland and that at any one time five thousand to ten thousand women have anorexia nervosa and some ten thousand to twenty thousand have bulimia nervosa. Mortality rates from anorexia nervosa are higher than for any other mental health condition affecting women. However, the 5% of women who identify as having some form of eating issues are the extreme cases on a weight preoccupation continuum that spans the lives of many Australian women. A recent survey suggested body dissatisfaction and dieting are on the increase for young women in Queensland Schools.

S052 Focus on Borderline Personality & Eating Disorders
21/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 1
Paper 20 Minutes: Case Management for Clients with Eating Disorders A Proposed Model of Service Provision
Karen Clifford
Eating Disorders, most commonly anorexia and bulimia nervosa, are mental illnesses with serious psychological and physical complications. The National Mental Health Standards (1996) requires clients have equitable access to local services. However, public mental health services for clients with eating disorders in Queensland have generally been limited to inpatient services with a medical focus. Is this because community services are not appropriate? Is the case management model best practice or inefficient use of services for
these clients? The presentation will discuss case management as a model of service provision for clients with serious eating disorders. As case management is a significant component of community mental health services for other mental illnesses, the benefits of this and other treatment options will be explored. Feedback from case managers about the experiences of treating eating disorder clients will be presented. With the expectation that District Mental Health Services in Queensland treat clients from their own catchment area, there will be more demand for mental health professionals with knowledge in managing these clients. The Eating Disorder Outreach has been developed to train professionals in managing clients with eating disorders. Further research is required to assess the effectiveness of case management for clients with eating disorders. Learning Objectives 1. That case management model may be a viable treatment option for clients with Eating Disorders 2. Case Management is the primary model of care used in mental health service provision.

S052 Focus on Borderline Personality & Eating Disorders
21/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 1
Paper 20 Minutes: Why are clients with borderline personality disorder becoming the new chronically mentally ill hospital population?
Cheryl Sullivan Janet Cormack
In contrast to the dramatic improvements in community based models of care provided for persons with psychiatric diagnoses such as schizophrenia, treatment programs for clients diagnosed with BPD are rare and, if present at all, remain fragmented, episodic and limited. Clients, who meet the criteria for borderline personality disorder (BPD), account for approximately 5%-23% of clients admitted to inpatient psychiatric facilities. People with BPD use mental health services at higher rates than most other diagnostic groups and may replace schizophrenia as the new chronically mentally ill population in hospitals. Data collected by the author, in the West Moreton Integrated Mental Health Service, Inpatient Unit (WMIMHS) for a period of 13 months, demonstrated a higher admission rate of 29.7% for this client group, than the 5-23% given in the literature. The author has consequently proposed the introduction of a multimodal community treatment program for the WMIMHS, based on Linehan's dialectical behaviour therapy. The program is a community based treatment program for clients who satisfy the criteria for a diagnosis of BPD. The goal of this program is to maximise the amount of time the client spends living successfully in the community. Learning Objectives 1. The audience will gain insight into the application of Linehan's dialectical behaviour therapy through a multimodal community treatment program to a group of clients who are historically seen as being treatment-resistant and inappropriately placed in in-patient settings. 2. Clients who have a borderline personality disorder are poorly served by current treatment modalities that seem to be more intent on excluding from, rather than including them in therapy. The proposed model shifts treatment emphasis to community settings, in line with National Mental Health Strategies that promote the least restrictive alternative.

S052 Focus on Borderline Personality & Eating Disorders
21/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 1
Paper 20 Minutes: Introducing a new treatment program (Dialectical Behaviour Therapy) for people with personality disorders in a public mental health setting
Anna Banfai Michelle Plozza
Dialectical behaviour therapy (DBT) is a relatively new cognitive behavioural treatment program developed by Marsha Linehan and her research team. It sets out specifically to treat people with Borderline Personality Disorder (BPD) and has been applied in a wide range of settings. In this paper we discuss our experience of introducing a modified DBT program at St. Vincent's Mental Health Services (Melbourne) over the last four years. The program has had components in the community mental health services, in the inpatient units and in the community care unit. Our work in each setting was evaluated and we present mostly qualitative, but also some quantitative data. Our experience of introducing a modified version of DBT has been positive and the results of evaluation suggest that introducing DBT has been
useful for both consumers and staff who participated in the program. Recommendations include that a sub-group of public mental health staff who are committed to working with people with personality disorders receive formal training in DBT. We suggest that the next challenge for public mental health services is to introduce a fuller, ‘undiluted’ version of the DBT program to allow a well-defined sub-group of consumers and staff to fully benefit from a useful, effective treatment approach. The pros and cons of using DBT on an individual basis, in a ‘treatment-as-usual’ setting are also discussed.

S052  Focus on Borderline Personality  & Eating Disorders  
21/08/2002  From: 1030 To: 1230  Venue: Pyrmont Room 1 
Chris Thornton
Traditional treatment of patients with eating disorders has followed a dichotomous model involving either inpatient or outpatient care. This model results in relapse rates in anorexia nervosa of 30% - 50% (Pike, 1998). This paper will describe an alternative treatment model which aims to match patients to a series of day treatment programmes based upon an assessment of the patients’ readiness to change. The assessment of readiness to change in eating disordered patients and the motivational, cognitive and behavioural treatment components of the each programme for patients at differing stages of change will be described. Particular attention will be paid to the day programme which has been specifically designed to address the needs of patients with long histories of anorexia nervosa that have not responded to the traditional treatment model. There is no consensus as to the best approach to treat or manage this chronic subgroup of patients. Indeed, traditional approaches to treatment of anorexia nervosa may make these patients worse. The treatment approach is based on specific forms of Cognitive Therapy, namely Readiness and Motivational Therapy and Group Schema Focused Cognitive Therapy. The tone and techniques of this therapy will be described and the potential advantages and disadvantages discussed. Learning Objectives 1) The audience will understand the limitations of the traditional model of treatment for patients with anorexia nervosa. They will learn of a new paradigm in the treatment of eating disorders, and particularly chronic anorexia nervosa. 2) This topic represents a development in the thinking of the treatment of anorexia nervosa and may be applicable for other mental health settings.

S053  Part A: Dual Disorders  
21/08/2002  From: 1030 To: 1230  Venue: Pyrmont Room 2 
Paper 20 Minutes:  The Forgotten Dual Diagnosis: Acquired Brain Injury & Mental Illness
Malcolm Hopwood   Catherine Cox   Kristy Johnson
Acquired brain injury (ABI) is a common cause of disability in our community severely affecting over 160,000 Australians (Australian Institute of Health and Welfare, 1999). Recent research indicates that individuals with a history of ABI are at greater risk of developing mental illness and are at increased risk of suicide attempts than those people without ABI (Max et al., 1998; Silver et al., 2001). In addition, an Australian study found people with severe brain injuries are more likely to claim compensation on the grounds of subsequent associated mental illness (Large, 2001). Clinical experience also supports these findings, suggesting co-morbidities such as depression, psychosis, personality change, substance abuse and impulse control difficulties are common after ABI and add dramatically to overall impairment of quality of life. Consequently, people with mental illness and ABI represent a significant and frequent clinical and service delivery challenge to Mental Health Services and traditional non-psychiatric rehabilitation services. The challenge for mental health professionals is how to accommodate someone's mental health needs, physical rehabilitation requirements, and their cognitive problems, and how to understand the interface between these diverse elements. The Brain Disorders Program (BDP) at the Austin and Repatriation Medical Centre (A&RMC) specialises in providing medium to long-term neuropsychiatric
rehabilitation for people with ABI and mental health problems in a range of treatment settings including an inpatient service. The team approach is interdisciplinary, including medical, nursing and allied health staff (neuropsychology, occupational therapy, social work). The aim of the service is to complete a thorough and broad assessment, diagnose and stabilise any acute medical or psychiatric component to the person's presentation and to then put strategies in place to manage ongoing behavioural, cognitive and mental health problems. The end goal is to ensure successful community placement, whether at home, in community housing or some other form of supported accommodation. Given the common occurrence of this often forgotten dual disability, gaining an understanding of the impact of ABI on a person's mental health and presentation when they are mentally unwell is crucial for professionals in all sectors. Learning Objectives: 1) The audience will learn how an acquired brain injury can affect a consumers' experience of mental illness, and how this impacts on approaches to diagnosis and treatment. They will also learn about some strategies for working with people who have both an ABI and a mental illness, and a schema with which to approach diagnosis, treatment and ongoing management. 2) Learning more about co-morbid ABI and mental illness is of great relevance to mental health professionals given the common occurrence of the dual disability, and the unique impact of ABI on approaches to assessment, diagnosis and management of the consumers' mental illness.

S053 Part A: Dual Disorders
21/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 2
Paper 20 Minutes: Double or nothing? - Responding to co-comorbidity in South Australia
Matt Gaughwin
This study investigated the views of mental health workers in South Australia about how they were responding to and how they thought we should respond to patients who have substance abuse disorders and other mental illnesses. Initial meetings of at least 30 representatives of mental health services resulted in the formation of a working group which developed typical case scenarios of co-morbidity problems they had experienced. The scenarios included how patients were managed and what the mental health workers thought would be ‘best practice’ management. Case scenarios included the major psychotropic disorders and a range of substance use disorders. Examples of the scenarios will be given during the presentation. The scenarios were then considered together to identify main themes, which indicated problems and solutions in helping this group of patients. The themes were; initial assessment of patients, training of staff, co-operation and collaboration between institutions, knowledge of what is best practice, and facilities and resources. Once these themes were identified the larger group was reconvened and asked to allocate a theoretical 100 units of money to the themes that were identified. These allocations and the discussion of the general themes that lead to a series of policy recommendations will be presented. Learning Objectives 1.To understand how a diversity of mental health workers think about and respond to the needs of patients who have substance abuse disorders and other mental illnesses 2.To formulate clinical and public health policy recommendations on how mental health services can respond better to patients who have substance abuse disorders and other mental illnesses.

S053 Part B: Smoking & Health
21/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 2
Paper 20 Minutes: 'I'll quit tomorrow': Why Smoking Cessation is Difficult
Julie Millard Angie Campillo
Thirty-one people with disabilities living in Inner West Sydney boarding houses participated in a tobacco cessation program with six individuals significantly reducing their tobacco smoking. The personal stories of two consumers will be provided for this paper. In June 2002 the Central Sydney Area Mental Health Service Boarding House Tobacco Project will be completed. The project has been innovative and creative. Strategies utilised by individuals, Mental Health, Drug Health and relevant non-government organisations will be discussed. The identified barriers and difficulties experienced by both consumers and services will be
explored. The culture of smoking, impact of psychotropic medication and absence of motivational support are some of the identified key issues for people in boarding houses. Other contributing factors are the dearth of literature and the absence of Area Health and Pharmaceutical guidelines specifically for people with a mental illness. In conclusion the authors will present an example of a referenced innovative harm reduction approach and strategies to increase awareness of tobacco use among the population in boarding houses.

Learning objectives: 1. The audience gain an understanding of difficulties for consumers to quit/cut their tobacco smoking; an increased awareness of tobacco cessation interventions; better informed clinical practice 2. There is an increased incidence of people with a mental illness and tobacco use in comparison with the general population. Current quit programs do not take into consideration the impact of psychotropic medication.

S053  Part B: Smoking & Health
21/08/2002  From: 1030 To: 1230  Venue: Pyrmont Room 2
Paper 20 Minutes:  A Smoking Cessation Program for People with Mental Illness.
Maxie Ashton  Mark Weston
The rate of smoking amongst people with mental illness is extremely high, resulting in serious consequences for their health and well being. The high rate of smoking amongst people with mental illness results in:- 30% higher rates of respiratory disorders, the need for twice the amount of medication for some people, increased rates of poverty, more stigma, added social and community barriers, more difficulty resuming a healthy, satisfying life in the community. Surveys have shown that about 50% of people with mental illness are very concerned about their smoking and want help to stop smoking or reduce. A collaborative project involving Tobacco Control services and Mental health services working together and running over 15 Smoking Cessation courses across South Australia, has shown fantastic results. Presenters will share information on:- background to the project, how the courses were structured, the session plan and course content, the evaluation process and results This paper will provide delegates with the information, tools and inspiration to help people with mental illness who want to stop or reduce smoking. Learning objectives: 1. Participants will learn about the key components of a successful smoking cessation program for people with mental illness 2. Many people with mental illness are concerned about the serious consequences smoking has on their physical and mental health, finances, social relationships, independence and involvement in community life. Many are wanting help to address this and reduce or stop smoking.

S054  Safety & Quality
21/08/2002  From: 1030 To: 1230  Venue: Skyline Room 1
Paper 20 Minutes:  Care and control in Emergency Departments: using research and clinical skills to provide high quality, least restrictive care to people presenting with mental health needs and risk behaviours.
Patrizia Fiorillo  Jane Thomasson
Emergency Departments (ED) are environments that challenge the provision of care to people presenting with mental health needs. Additionally, while violence is an ever-present risk in today's western societies, it also continues to be behaviour frequently, and often unfairly, ascribed to people who experience mental illness or disorder. Although research shows poor predictor factors in both the dangerous and non-dangerous populations beyond the accuracy attained by the probabilities of chance, Security services are frequently used as front-line mental health workers in ED. This practice is in keeping with Occupational Health and Safety regulations and, we contend, in direct contradiction to high quality clinical practice that aims at maintaining the dignity and self-respect of people experiencing mental illness or disorder in a least restrictive environment. Furthermore, it is clear that, although mental illness is now considered 'an illness like any other illness', it is the only illness regulated by legislation, and where those affected are sometimes treated as if they have committed a crime. The involvement of Security Officers adds a different dimension to the mental health presentation. The de-stigmatisation of people presenting to ED with risk behaviours has been identified as a
priority in our service. Collaboration between the acute mental health service, the ED and the hospital Security Service, and the presence of specialised mental health knowledge and skills in the ED has led to the development of policies and protocols that aim at implementing and maintaining high standards of clinical and ethical practice. This practice is based on our assumption that interpersonal skills can be used instead of security officers in most situations, which we have demonstrated in practice. Learning Objectives: 1. People will gain a different perspective in the management of risk behaviours in the emergency department. 2. This topic is relevant in highlighting the need to uphold the dignity and self-respect of people experiencing mental health/disorder in ED and how therapeutic inter-personal skills can be used instead of security officers.

S054 Safety & Quality
21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 1
Paper 20 Minutes: Researching sensitive topics: research methodology issues in exploring the experience of being scheduled in the community
Patrizia Fiorillo
Most studies on scheduling (sectioning, regulating, commitment) focus on the experience of hospitalisation itself, often ignoring the events leading to involuntary admission. The study described in this paper focused on the event of involuntary admission from a community perspective. Seemingly an easy topic, it turned out to be quite sensitive and challenging, causing unexpected reactions within the mental health service where it was conducted. The challenges posed in the development of the questionnaire; the sampling and criteria for inclusion; the recruitment of informants; and the assumptions made about the validity of the data collected reflect the community stereotyping of people experiencing psychosis and their families. Assumptions of unreliable story-telling and inability to accurately recall events was unfounded, reinforcing the evidence in the literature that people experiencing psychosis are reliable and invaluable informants in mental health research. Furthermore, the knowledge gained by the author through this study has been successfully used in her current position to inform and change acute community care practices. Learning objectives: 1. People in the audience will gain an understanding of the challenges and solutions to conducting research on sensitive topics 2. This topic is relevant to mental health services and mental health issues as it highlights the value of conducting qualitative research with people who experience episodes of mental illness as a basis for development of sensitive practices.

S054 Safety & Quality
21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 1
Paper 20 Minutes: Differences Between Patient and Staff Perceptions of Aggression in Mental Health Inpatient Settings
Olga Ilkiw-Lavalle
Aggression in inpatient mental health settings affect both staff and patients. This study examines the views of patients and staff involved in 47 aggressive incidents to determine if differences prevail on the causes of aggression, ways of reducing aggression and the management of aggression. Significant differences were found between patient and staff perceptions of the causes and means of reducing aggression. Staff overwhelmingly perceived aggression to be the product of the patient's illness and thought that changes in medication were largely indicated to manage it. Patients in contrast perceived interpersonal, environmental and illness factors as all equally responsible for their aggression, and emphasised the need for improved staff-patient communication and more flexible unit rules to assist in reducing aggression. Patients and staff were generally satisfied with the way the incidents were managed but more staff that patients had an opportunity to debrief. Patients and staff perceive the causes and means of reducing aggression differently. Regular ongoing supervision and training should highlight the need for staff to understand and take into account the patient's perspective and to be constantly vigilant regarding the interaction between the patient's stage of illness and the interpersonal and ward environment as contributors to aggression. Learning Objectives 1: To develop awareness and understanding
that patients and staff perceive aggression on inpatient mental health units differently. 2: Understanding the patients perspective of aggression may lead to a reduction in future incidents and assist to improve staff training in aggression management.

**S054 Safety & Quality**  
**21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 1**  
**Paper 20 Minutes: Reduction of violence in the workplace**  
**Anthony Moran  Adrianne Libline**  
The project itself evolved from the need for service development to align itself with a recognition of the principles of the TREATY of WAITANGI and recognition to the Tangata Whenua (indigenous peoples of this land) Health Waikato provides mental health services to approximately 300,000 people of which approx 21% are Maori. Health Waikato also provides support mental Health services for the Midland Region of the North Island of New Zealand. The Inpatient content of Maori as consumers of Mental health service make up approximately 40%. Following a series of recognitive responses to development a more culturally sensitive service for Maori we embarked on a journey of transformation to the Intensive Care facility. This started from humble Beginnings of a Mural on a wall to a kaleidoscope of inventive therapeutic techniques to further develop not only the environment but to build relationships with people through art form that we had never attempted before. Part of the presentation will be to share the transformation and the works in conjunction with the others through both picture and story. This year we revisit the development and view the continuation of the reduction in levels of violence within the Unit, the techniques employed to maintain levels of safety for both consumers and nursing team. We again review the continuation of the dramatic drop in the use of seclusion as a method of dealing with violent behavior /high-risk behaviors. Learning objectives: 1.The importance of the Unit Culture in forging alliances with consumers for Optimum care delivery  2.Understanding the Management of the assault cycle to limit the crisis and start the journey of Recovery.

**S055 GP Shared Care**  
**21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 2**  
**Paper 20 Minutes: Insights into Growing Capacity for a Primary Mental Health Shared Care Model In Rural Queensland**  
**Gillian Black  Linda Latham**  
Emerald in Central Queensland, received State funding through the General Practice and Psychiatric Partnerships [GPAPP] initiative and Commonwealth funding through the National Health Development Fund [NHDF], which have contributed to the development of an innovative model of primary mental health shared care. Shared care in this presentation is discussed as both systemic cooperation, about how systems can work together and operational cooperation at local levels between different groups of clinicians. The audience will learn about the resources, processes and skills required to build the capacity to create a primary mental health shared care model. The presenters will reflect on how tools and policies such as the Enhanced Primary Care items, the Commonwealth Budget 2001 mental health initiatives for GP upskilling and remuneration, and improved access for GP clients in rural areas to allied health and specialist services will support the sustainability of the model. The difficulties of the stakeholders and the lessons learned about developing shared vision and goals will inform a lively discussion with the audience. Learning Objectives  1.An understanding of the real issues and difficulties of the stakeholders and the lessons learned about developing shared vision and goals for the primary shared care model. 2.Mental health services, general practice, NGOs, consumers, carers and community groups need to build their capacity, maximize systemic cooperation and find operational ways to effectively cooperate to improve mental health outcomes for the community. The audience will learn: “about the resources, processes and skills required to build the capacity to create a primary shared care model, and”how the stakeholders cooperated to solved problems related to system, management and policy issues.
**S055  GP Shared Care**  
21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 2  
Paper 20 Minutes: General Practitioners and Clozapine  
Bill Kuluris  Jonh Ispanovic

This abstract will briefly describe the evaluation of the current Clozapine program at Barwon Health - Community Mental Health Services. It will describe what it has offered to Barwon Health's Mental Health program, including: Clinical Practitioners (Medical and Nursing staff), General Practitioners, Pharmacists, Consumers and their Carers, Hospital Management and support services. Evaluation of the Clozapine program was instituted, since the employment of a full time Clozapine Co-ordinator. The current Clozapine Co-ordinator has been co-ordinating Clozapine for Barwon Health since 1998 but at the time had responsibilities such as case-management of up to 30 clients. The Clozapine program has evolved since 1993 when Clozapine first became available to The Geelong Hospital and its consumers. Barwon Mental Health Services continues to pro-actively implement changes, by becoming a leader in the delivery of Clozapine care and monitoring and providing another choice for client's in the community. The aim of this presentation will be to provide a detailed account of what has been developed over the last 6 months. It will describe the Clozaril program and its changes over recent years in relation to its service participants, consumers and carers. The more recent changes are the registration of General Practitioner's (GP's) with a focus on the co-operative provision of a comprehensive system of clinical support (Shared Care) between Barwon Mental Health Services, local GP's, that can be tailored to the individual consumer and carers needs. Learning Objectives: 1. The audience will learn what is occurring in clinical practice in the management of the Clozapine protocol in conjunction with the development of a shared care model of co-operation between Barwon Health Mental Health Services and local General Practitioners. 2. This topic is relevant to the current developments in Shared Care models of mental health services with General Practitioners in their role as primary care providers for all their consumers.

**S055  GP Shared Care**  
21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 2  
Paper 20 Minutes: Development of the ACT Division of General Practice Mental Health Project  
Sophia Boutsis

This presentation aims to provide mental professionals, providers and consumers with an understanding of how a Divisional mental health program for GPs has developed over time. This will provide participants with information on the type of training and support offered to GPs as primary mental health care providers. Linkages and partnerships between GPs and public and private mental health professionals and services will be explored. Participants will be introduced to the 3 broad aims of the ACTDGP Mental Health Project: Education, Collaboration, and Communication Skills Development. The methods by which these aims have been met will be considered: Evening seminars and workshops, The GP/CATT Liaison Project, MoU with ACT Mental Health Services, Peer Support Groups, Consumer Participation in Program, Mental Health Resource Directory for GPs, ACT Partnerships in Suicide Prevention Project, ACTDGP Mental Health Advisory Committee, NPMHC Development and Liaison Officer Role and Commonwealth Budget Initiatives, Partnerships with allied health services and Psychiatrists. This presentation will explore how the aims of the ACTDGP Mental Health Project have been met by a range of program activities and partnership arrangements that have been developed over the past three years. Learning Objectives: 1. Participants will gain an understanding of how a Divisional mental health project has developed over 3 years, including 'lessons learned so far' and recommendations for those working with GPs. 2. This information may be of relevance to mental health professionals or educational programmers who may be developing their own programs for GPs. Mental health consumers may find it useful to learn more about the professional development opportunities available to GPs. It may also be of relevance to those involved in facilitating partnerships between GPs and key stakeholder groups.
**S055  GP Shared Care**  
21/08/2002  From: 1030 To: 1230  Venue: Skyline Room 2  
Paper 20 Minutes: Clozaril In Primary Care  South West Area Mental Health Service  
Michael Hemingway  Wendy Fromhold  

This paper will inform the audience about an innovative Shared Care Program for consumers receiving Clozaril that has been implemented within the South West Area Mental Health Service (SWAMHS). Overview: In recent times, SWAMHS identified that a high number of consumers attending the Service who were treated with Clozaril, had progressed well in their recovery but were unable to be have their care transferred to external health providers due to the ongoing monitoring requirements of Clozaril. In response to this, a collaborative shared care approach between the Service and the consumer's external health provider has been developed which aims to produce the best outcomes in maintaining the consumer's mental health and promoting linkages between the service and external health providers. To aid in the successful implementation of this program, new policies and procedures have been created to guide the transfer process of consumers to external health providers registered to prescribe Clozaril. The transfer process is carried out in partnership with the consumer and external health provider to ensure it is accomplished with the minimum disruption or risk to the consumer. To date, the program has run smoothly and feedback obtained from both consumers and external health providers has been of a positive nature. Learning Objectives:  
1. The audience will gain an understanding of the development and implementation of an innovative shared care program for consumers on Clozaril. Within this presentation a model of practice will be described that will aim to assist other services in developing a similar program. 2. This topic is relevant to mental health services and mental health issues as it outlines an alternative treatment option for consumers on Clozaril that reduces the demand on Public Mental Health Services and allows consumers a variety of treatment options that are more adaptable to their needs.

**S056  Learning Together**  
21/08/2002  From: 1030 To: 1230  Venue: Skyline Room 3  
Paper 20 Minutes: 'Promoting positive mental health …a workforce that can' - Departmental Responses: Commitment and collaboration  
Adrian Booth  Mary James  

The aim of this paper is to describe a model of good practice, which provides a framework for workforce development in promoting positive mental health issues. It demonstrates a collaborative approach between a range of human service providers, consumers and community. An overview of the project will be presented. This includes examples of regional based grant funded projects and the subsequent innovative model developed for workforce development & training. If time permits a drama presentation 'Hearts of Women'. This is a demonstration of one of the successful grant funded projects for community mental health. Finally, a description of how to get started in country mental health promotion, describing the methodology and approach to regional workforce development. Learning Objectives  
1. Participants will gain a comprehensive knowledge of an innovative model of practice for mental health promotion workforce development and training. They will learn about the vital links between a range of key stakeholders including planning and policy makers, consumers and community. 2. This topic clearly fits with the 2nd National Mental Health Plan and the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000. It provides a framework for service providers, consumers and communities to collaborate to provide better practice models of service delivery.
Recent studies have determined that 11% of young people in the general population have same sex attractions, while 25% to 40% of young lesbians and gays have attempted to commit suicide. (DHS, project T2324). In an attempt to provide young people with an opportunity to begin to explore and unpack their values and beliefs around their gender and sexuality a group work program called MuSaRo was developed. MuSaRo (Music Sexuality and Respecting Others) is a five week program that raises many issues related to gender and sexuality that have often been taboo within Western Culture. MuSaRo assists young people to explore their values and attitudes towards issues such as gender prescriptions, sexuality, stereotypes and assumptions, power and control and relationships. MuSaRo assists young people to identify where their beliefs originate from and the kind of influence that both the media and contemporary music has on them and their peers in relation to the group themes. MuSaRo has been conducted in a number of schools within Western Region of Melbourne, providing young people with the opportunity to identify, discuss and/or challenge any misconceptions their attitudes and beliefs towards gender and sexuality may invoke. The aim of this presentation will be to demonstrate how an arena can be created to allow young people the opportunity to safely explore the complex issues surrounding their and other's gender and sexuality. Learning Objectives: 1. A demonstration of how to create an accessible therapeutic intervention allowing young people an opportunity to discuss their belief systems about gender and sexuality. Also how workers can promote a recognition that gay, lesbian, bisexual and transgender couples/people do exist, and that each share the same rights as heterosexual couples/people, especially the right to live free from prejudice and violence. 2. As 11% of Victoria's young people are identified as same sex attracted, with increasing numbers of young lesbians and gays attempting suicide, Mental Health Services are having to become more increasingly involved.

Studies suggest that ten to twenty percent of children and young people in Australia experience a mental health problem, with depression and anxiety being most common. Mental health problems can adversely affect both academic performance and behaviour, so teachers are uniquely placed to recognise young people at risk and to promote positive mental health. There are now several school-based mental health initiatives, such as MindMatters, Adolescents Coping with Emotions (ACE) and the Resourceful Adolescent Program (RAP). To help prepare teachers for their important roles in mental health promotion and suicide prevention, the Commonwealth Department of Health and Ageing supported the development and dissemination of curriculum resources for Australian universities, for use in the education of secondary teachers. The resources were developed by the Hunter Institute of Mental Health in collaboration with the Faculty of Education at the University of Newcastle, and are based on extensive consultation with teacher educators throughout Australia. The Response Ability curriculum resources are presented as a multi-media package, designed for easy integration within the current content and structure of Australian teacher education programs. The project highlights a number of important considerations in the development and dissemination of education materials for use in Australian universities. Learning Objectives: 1. The audience will obtain an overview of the inclusion of mental health issues in Australian teacher education and the possibilities for a greater emphasis on this topic. They will also gain an appreciation of factors which may influence the development and dissemination of mental health education materials for use in Australian universities. 2. Many mental health professionals work closely with schools or teachers in mental health promotion or
interventions. It is hoped that an increased focus on mental health in teacher training, in combination with the numerous school-based initiatives now available, will result in a greater understanding of and commitment to mental health in the school setting.

**S056 Learning Together**
21/08/2002 From: 1030 To: 1230 Venue: Skyline Room 3
Paper 20 Minutes: 'Clinical Supervision' the benefit of organisational commitment and multidisciplinary approach to the learning environment.
Kerrie Hancox Lisa Lynch Brenda Happell
The Centre for Psychiatric Nursing Research and Practice and Melbourne University has been running a course on clinical supervision since the beginning of 2001. Clinical supervision. Until recently, mainly nurses attended the course. Since the introduction of the Enterprise Bargaining Agreement positions there has been an enormous expression of interest in training from individuals and organisations. Peninsular Health and Gippsland Health are two of the organisations who are leading in their commitment to their staff by ensuring all clinical supervisors are trained and all supervisees have access to a one-day workshop. This paper will explore the process of providing training to meet organisational needs and the benefits of the groups including allied and medical staff together with the nurses. Both these organisations have included Health Clinicians other than nursing which has generated some positive outcomes for the organisation. We will be including statistics and information gathered from the course evaluation. This data will be explored in terms of the systemic issues and impact on the people in the organisation. Finally we will discuss the future plans follow up in terms of ongoing evaluation.

**S058 Indigenous People's Mental Health and Wellbeing**
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 2
Paper 20 Minutes: Aboriginal and Torres Strait Islander Mental Health - 'Building Capacity in Mental Health Systems'
Dermot Casey Margaret Norington Tom Brideson
Mental health issues in Aboriginal and Torres Strait Islander populations are complex. While mental health services for the broader populations have been in development for many years, Aboriginal and Torres Strait Islander mental health responses are still relatively young in development. The Commonwealth Department of Health and Ageing is committed to playing an active role in attempting to improve mental health responses for Aboriginal and Torres Strait Islander populations. This commitment has included the publication of the Ways Forward report, implementation of the Emotional and Social Wellbeing Action Plan, and in 2001, an evaluation of progress with its program. The evaluation made major recommendations regarding future activities required at a national level to improve responsiveness from both the community-controlled sector and public mental health services. Major recommendations included better linkage of planning, workforce, quality and evidence frameworks between Aboriginal and Torres Strait Islander health programs, the National Mental Health Strategy and the National Suicide Prevention Strategy. This presentation will look at existing activities under these programs at the Commonwealth level, discuss the issues relevant to development of an improved policy framework, and seek discussion and feedback from the audience regarding the implications for improved service delivery on the ground.

**S058 Indigenous People's Mental Health and Wellbeing**
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 2
Paper 20 Minutes: Youth and Mental Health Data Outcome Measures
Tracy Westerman
Research into measurement of mental health outcome with indigenous Australians is still in its infancy, and debate continues regarding the most appropriate and culturally valid methods of assessment. Whilst research is scarce, it has primarily focused upon population-based prevalence studies of mental ill health. Instead, the indigenous mental health morbidity research has utilized the following approaches to assessment: a. The use of a range of
mainstream measures which have yet to establish their cultural validity with this population;
b. the application of a range of adapted scales, which focus on symptom clusters at pre- and
post-treatment levels as the sole measurement of outcome.

Learning Objectives 
The presentation will demonstrate that cultural factors have a strong role to play in determining
mental health outcome for Aboriginal Australians. Whilst existing research has argued that
clinicians acknowledge the relevance of culture within assessments of Aboriginal clients, it
has failed to provide specific or empirically validated guidelines to this end. As such, the
presentation will articulate a number of cultural variants in the presentation of mental
disorders amongst Aboriginal Australians. It is through the recognition of such differences,
that the most appropriate methods of assessment can be determined. How is this topic/issue
relevant to mental health services and mental health issues? The presentation will also
provide a number of empirical approaches to providing culturally valid mental health
outcome measures for Aboriginal populations. This will include a review of a number of
strategies that have been developed by the presenter in her PhD research. These strategies
have been developed to minimise the extent of bias experienced by Aboriginal people in
current mainstream mental health outcome assessment. This will include (a) an overview of a
unique measure for identification of mental health problems in Aboriginal people, as the basis
of an argument for the development of a unique mental health outcome measure for
Australian Aboriginals; (b) the development of cultural validation and clinician guidelines
which will include: (i) Clinical/cultural competence of assessor, including the relevance of
culture as an origin or precursor to the development of mental ill health (culture-bound
syndromes); (ii) Individual, client view of mental ill health, including assessment of the
cultural meaning (if any) ascribed to the development and maintenance of disorder. This
process incorporates notions of acculturation and acculturative stress as components within
the assessment process. (iii) Community validation of disorder, which provides some
indication of the cultural normality (or not) of disorder.

S058 Indigenous People's Mental Health and Wellbeing
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 2
Paper 20 Minutes: Building on the Past – from Policy to Service Plans
Arawhetu Peretini
In 2001 the Ministry of Health in New Zealand undertook the development of a Maori Mental
Health National Strategic Framework - Te Puawaitanga. The purpose of the framework was
to supply District Health Boards, who are responsible for the funding and planning of mental
health services, with some key goals and actions to incorporate into their plans for service
development and provision. The framework has allowed the Ministry to put a stake in the
ground about what should be provided, what key work needs to be done e.g. Best Practice
guidelines for the provision of Maori mental health services, and timelines for
implementation. The framework in effect gave District Health Boards a goal post to aim for,
the foundations for the goal posts having been developed in the past.

S059 Interventions with At-Risk Youth
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 1
Symposium 1.5 Hrs: Innovative approaches to meeting the mental health needs of at-
risk young people
Rosemary French Stephen Edwards Sarah Haythornthwaite Melissa Reardon Julie
Proctor
Young people who are 'at-risk' and who have complex mental health problems often face
enormous barriers to accessing mainstream mental health services. YouthLink, a statewide
program funded by the Mental Health Division of Western Australia, attempts to minimise
barriers to access for at-risk young people. YouthLink's main service delivery areas include
direct clinical work with young people; training and consultation for those who work with at-
risk young people; and community development. The projects described here reflect the belief
that effective mental health intervention with at-risk young people can involve a variety of
approaches. Paper 1 A mass media campaign to support parents and strengthen families,
Edwards, S.J., Silburn, S. and Griffiths, J. A national parenting campaign conducted by YouthLink produced and distributed 1.32 million booklets entitled 'Growing up with young people'. It outlined developmental issues for young people; presented parenting techniques; discussed ways that resilience could be encouraged; and described how to recognise and respond to distress. The booklet was adapted for the indigenous communities of Australia and translated into Vietnamese and Chinese. Extensive evaluation of the campaign was undertaken. This paper outlines the rationale for the publication's distribution and the findings of the campaign. Community awareness had been raised, with increased awareness of the importance of adopting positive parenting techniques to manage complex issues confronting families of young people. Paper 2 Supporting rural and remote services working with at-risk young people, Haythornthwaite, S. and French, R. Training and consultation for those working with at-risk youth are well-established components of YouthLink within metropolitan Perth. In the past, the delivery of these services to rural workers has been limited due to the cost involved. In 2001, a project was undertaken to deliver YouthLink training to rural workers using videoconferencing. Overall, 30 rural workers participated in a training program of 7 2-hour sessions over 12 weeks. Topics were 'Enhancing Skills for Working with Young People', 'Anger Management' and 'Working with Depressed Young People'. Evaluation revealed that videoconferencing is a cost-effective means for delivering training to rural workers and a means for reducing professional isolation. Paper 3 Engaging with mental health services: experiences of at-risk young people, Reardon, M. and French, R. Only a small number of at-risk young people with diagnosable mental health difficulties are referred for treatment and, of these, a large percentage do not engage in treatment or terminate prematurely. With this population, the process of engagement is likely to be a critical aspect of successful interventions. Using qualitative methodology, 'at-risk' clients of a mental health service were interviewed, and four primary themes crucial to the engagement process were identified. This paper describes the results of the project, highlighting the importance of considering the young person and their multifarious life-experiences, the attractiveness and accessibility of the service, and the follow-up offered by the service provider. Paper 4 Entrusting the self into therapy: perspectives of at-risk young people, French, R. and Smith, P. All clinicians are expected to use principles of 'best practice'. With some clinical populations these principles will be clearer, being based on extensive and growing evidence bases. There has been comparatively little research, however, that can guide intervention with at-risk young people. Using qualitative methodology and taking the perspective of the client we undertook a project at YouthLink to investigate specifically 'what works in therapy with at-risk young people'. This paper describes the results of the project and presents a framework that can be used to conceptualise the critical components of the therapeutic encounter between clinician and client. Paper 5 Lifeworx: a dialectical behavioural therapy group programme for promoting emotion regulation in at-risk youth, Proctor, J. and Jones, J. Lifeworx is a skills based twelve week group program that was developed to meet the needs of YouthLink clients who had difficulties in regulating their emotions. Characteristic behaviours include impulsivity, self-harming and suicidal behaviours, interpersonal difficulties and frequent life crises. Lifeworx was adapted from Linehan's (1993) dialectical behaviour therapy group skills treatment. Results of the pilot program indicated a significant decline in self harming behaviour, and improvements in coping style and affect control. Data collection has continued to further evaluate the program. This presentation will outline the Lifeworx program and present the results of the pilot groups. Learning Objectives: 1. Identification of innovative ways mental health services can respond to the needs of marginalised young people with mental health problems. 2. Mental health services often have difficulty engaging marginalised at-risk young people and this presentation will outline 5 specific projects that have effectively addressed these difficulties.
The aim of the presentation is to show how a mental health service can use data to identify opportunities for improvement for consumers of the service and take action leading to improved outcomes for the consumer. Introduction to what a control chart is, why a control chart has been used with clinical indicators, and the basic concepts associated with them. Brief introduction to understanding variation in processes. The problems with the previous system for addressing clinical indicators will be identified, with a chart showing how the data was tabled at committee meetings. An outline will be given on what action was taken to improve the collection and analysis of clinical indicator data. Control charts will be presented to identify the improvements for collection and analysis. Further action to address the new format will then be provided with future directions for improving clinical care and the ongoing monitoring of clinical indicator data through control charting. This presentation will provide clinicians with an understanding of how to improve clinical practice through the proper collection and analysis of clinical indicator data. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? (Not what you are going to teach, but what they are going to gain.) How to use a control chart to graph and analyse clinical indicators in mental health settings to 'flag' opportunities for improvement. 2. How is this presentation relevant to mental health services/issues? The Mental Health Inpatient Indicators were developed by the RANZCP to be used by mental health services to collect data that would provide information to encourage organisations to continue to strive for best practice. Previously data has not been trended or analysed in a way that identified opportunities for improvement. The use of statistical process control enables services to understand the process and 'flag' those indicators requiring further investigation with the aim of improving performance.

S060  Outcome Measurement & Management
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Outcome measurement in mental health care: summary of findings from initial implementation agencies in Victoria
Thomas Trauer
Public and private mental health services throughout Australia are in the process of introducing routine outcome measures, in accordance with the National Mental Health Policy. Victoria was the first jurisdiction to commence implementation, and the first four public mental health agencies began routine collection in mid-2000. Assessment data were entered into a specially designed database, and this report summarizes some analyses of the data collected over 18 months. The measures employed were the Health of the Nation Outcome Scales (HoNOS) and a short form of the Life Skills Profile (LSP-16) as the provider measures, the Behaviour and Symptom Identification Scale (BASIS-32) as the consumer-completed measure, and a provider complete 'Focus of Care' rating. Across the four agencies, nearly 23,000 separate assessments were recorded relating to over 6,000 consumers. Aspects of the information that were examined included: patterns of items that were omitted, the relationships of measures to consumers’ demographic and clinical characteristics, the relationships between the various measures, the capacity of the measures to detect changes over time. This is the first substantial report of the performance of standard outcome measures in routine mental health care, and provides valuable insights into what they are able to offer. Learning objectives 1. Attenders will discover how standard outcome measures have performed in routine mental health care. 2. Outcome assessment is a key aim of the National Mental Health Policy, but comparatively little is known about how it works in day-to-day practice.
S060 Outcome Measurement & Management
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Measuring Consumer Outcome in a Community Rehabilitation and Support Service
Glen Tobias  Tom Trauer
The assessment of consumer outcome was identified as a key aim in the National Mental Health Plan. Neami, a community rehabilitation and support service in Melbourne has been using the Behaviour and Symptom Identification Scale (BASIS-32), a consumer self-rated outcome instrument, for over one year. We describe the process of implementation and the training of staff in the use of the instrument. We found that 85% of consumers who were offered BASIS-32 completed it. This participation rate is higher than that in public mental health services several of whom began using the BASIS-32 in 2000. We discuss possible reasons for this, and factors associated with participation. We report the mean profile of those consumers who completed their first BASIS-32 and compare this with those who completed a BASIS-32 twelve months later. Consumers reported that BASIS-32 was not difficult to complete, that they could see the personal benefit of completing it, and that they felt the benefit would increase if they completed it at regular intervals. We discuss the way in which psychiatric rehabilitation is reflected in changes in the mental health status of consumers, and show that self-rated outcome assessment empowers consumers to take more control of their own recovery. Learning objectives 1. Attenders will learn about the introduction of consumer self-completed outcome assessment in a community rehabilitation and support service for the mentally ill. 2. Outcome assessment is an important part of the current national mental health scene, and BASIS-32 is one of the leading instruments in current use.

S061 Partnerships in Youth Mental Health
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: Come On Come On - Let's Stick Together
Wendy Bunston  Sue Zineder
Within mental health, community health, education and human services much had been made of 'working together' and 'building partnerships' with other organisations. Our current political climate encourages the principle of 'two heads are better than one', (or perhaps a more accurate description would be 'two budgets are better than one'), in attending to service provision. Collaboration is a word that is often bandied about and has been defined as 'a mutually beneficial and well defined relationship entered into by two or more organisations to achieve common goals', (Matteisch and Monsey 1992). So what do concepts such as 'collaboration', 'working together', 'multidisciplinary approach' mean in real terms? The Community Group Program (CGP) is a joint Mental Health (CAMHS) and Education Department (DEET) initiative. It has successfully delivered some 200 school and community based group work programs over the past three years through forming a myriad of partnerships with schools, community organisations and even Victoria Police. This paper will examine how the Community Group Program has been able to effectively work together with other agencies as well as other professionals through a 'warts and all' look at just how well we have fared in the 'collaboration' stakes. Please Note: The Community Group Program's three year evaluation report will be available to participants attending this paper. Learning Objectives: 1. Participants will be encouraged to think creatively about building partnerships that focus on the strengths of its team members/organisation and to focus on what can be achieved through a vision that holds the bigger picture in mind. 2. This paper looks at the exciting challenge for mental health to not only learn from other service providers but to join forces in exploring how we can together provide services to mutual consumers.
**S061 Partnerships in Youth Mental Health**  
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: A Systems Approach to the Provision of Adolescent Mental Health Service Delivery in the Private Sector  
Carolyn Mier  

According to the 2nd National Mental Health Plan 'the main challenge in service reform delivery is to achieve an appropriate and coordinated system of care that meets the needs of individual consumers across the life span' (1998, p.16). The aim of this paper is to describe the partnership arrangements that have been implemented by a private adolescent mental health program at the Albert Road Clinic a member of the Ramsay Health Care Group. These partnerships expand the systems approach implemented at the level of individual service delivery. This Melbourne based private adolescent clinic has formalized collaboration with these stakeholders to work with them towards improved mental health services and service outcomes. This paper identifies the partnerships established with consumer and carer advocacy groups, schools, non-government organizations, government services and academic institutions. The specific relationships are described and the benefits for both the private mental health sector and the stakeholders are discussed. In addition, the model highlights the potential for such partnerships to foster participation in all aspects of mental health service delivery, policy planning and education and training. 

**Learning Objectives:**  
1. This session will inform the audience about the range of partnerships between the private adolescent mental health programs and key stakeholders.  
2. Consumers, carers and other mental health professionals will learn about the potential benefits in collaborating with the private mental health providers.

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**S061 Partnerships in Youth Mental Health**  
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: RAVE - Recovery through Adventure and Education.  
Anne Silbereisen Talitha Walkate  

One of the outcomes of the Early Psychosis Committee meetings at St Vincents Mental Health Service was the recognition that young people who are recovering from a first episode of psychosis have very particular needs for support and psychoeducation. RAVE was developed as a pilot peer support group program for young people between the ages of 16 and 26 living in Boroondara who have experienced a first psychotic episode. The group was developed and facilitated by a social worker form the local PDSS, Mosaic and a psychologist from Hawthorn CMHC, with support from EPPIC training staff, and was held at the local council-run Boroondara Youth Resource Centre. The aim of the group program was to provide a space where young people who have experienced psychosis could share their experiences, make friends, build up self confidence, access resources and information, be themselves, try out activities and have some fun. Many sessions involved exploring what the members understood about their illness, what their experiences had been and their concepts of recovery and dreams for the future. The group placed a strong emphasis on hope and recovery. The eight week program included information sessions on local community resources including sessions in which a local general practitioner, employment assistance agency workers, and drug and alcohol service worker, provided information and contact details, and answered questions. There were three sessions focusing on recovery, treatment and developing individual relapse prevention plans, including discussion of a biographical video about three young early psychosis patients. There was a session on developing skills in assertive communication and problem-solving techniques, and an expressive arts session. There were several outings including a long beach walk, bowling, coffee outings. The outings proved very popular. The paper will present an evaluation of the group based on participants' self-reports and facilitators' and case managers' evaluation of the impact of the group on their clients' recovery and subsequent progress. Implications for the role of a peer support and psychoeducation group for first episode psychosis clients will be discussed, including thoughts about recovery and developmental issues, clients' expressed needs and feedback, and improving the model. 

1. The audience will gain an understanding of some of
the issues involved in designing, implementing and evaluating a peer support and psychoeducational program for young people who have experienced a first episode of psychosis. 2. The presentation addresses the issue of provision of specialist care to young people who have experienced first episode psychosis within the context of a collaborative working relationship between an area mental health service and the local psychiatric disability support service. Summary statement: The presentation will discuss the development and running of a program collaboratively with the local psychiatric disability support service, to support young people in their recovery from first episode psychosis. Using self-report data and reports and observations from referring case managers and others, the group program will be evaluated, and implications for improvement and further development will be discussed.


Three papers will be presented that address aspects of the Partnership Project's activities and evaluation. It is timely to present on this project, as the symposium will be occurring during the final weeks of the implementation phase of this National Demonstration Project. Paper 1 - The Linkage Unit and Expanded Psychiatrist Activities. The first strategy of the Project is a Linkage Unit that provides a mediating system between public and private mental health services. A small team of clinicians has been co-located with clinical teams of the public mental health service and has worked to develop and enhance shared care and referrals between the public and private sectors. The second strategy of the Project is the introduction of additional activities for private psychiatrists including case conferences, supervision, training and secondary consultation. These activities are traditionally available to consultant psychiatrists in the public sector, but private psychiatrists have difficulty engaging in these activities, as they cannot be reimbursed for their time under the existing Medicare Benefits Schedule (MBS). Through the Project we have developed 'trial' MBS items covering these areas and thus allowing private psychiatrists to participate in a broad range of activities. Enabling private psychiatrists to participate in these activities has several benefits. Expertise developed by private practitioners becomes available to public mental health services and GP's, private psychiatrists become aware of the issues facing GPs and other mental health services, communication between various service providers is improved, and consumers are better able to access specialised opinions and care. This paper will describe the range of Linkage Unit and expanded psychiatrist activities that have been undertaken through the Project and discuss ways to sustain similar activities after the Project finishes on 31 August 2002. Paper 2 - Attitudes Of Public and Private Psychiatric Services towards each other - Can they work together and is it worth the effort? One of the main objectives of The Project has been to increase the number patients who are involved in successful 'shared care' arrangements between public mental health services and private psychiatrists. Often, despite psychiatrists' and other clinicians' best efforts, these arrangements do not work well, to the detriment of the consumer. In recognition of this problem, we set out to assess the barriers to the two systems working well together. A survey tool was designed to determine an estimate of the numbers of consumers in 'shared care' arrangements, general attitude towards 'shared care', perception and attitudes of private psychiatrists and public mental health staff towards each other and barriers to working collaboratively. 105 public mental health clinicians, and 103 private psychiatrists were surveyed. Common themes emerged from each sector that made working together difficult. The paper will describe these barriers and how the project has attempted to address them. Paper 3 - Evaluation of a complex collaborative project The Centre for Health Program Evaluation (CHPE), University of Melbourne has been appointed by the Commonwealth in the role of local evaluator for the Partnership Project consistent with the National Evaluation Framework developed to evaluate the Mental Health Integration Projects. This paper will describe the evaluation methodology and findings to date. The
The evaluation team has worked closely with the project team, developing the program logic and then in assessing the project's progress against this matrix. The CHPE's initial Baseline Report adopted a needs-based approach to the evaluation, and has produced 6 monthly intermediate evaluation reports for the Commonwealth and the Project subsequently. As the project approaches the end of its implementation phase, this paper will describe plans for the final project evaluation.

**Learning Objectives:**
1. The audience will gain a greater understanding of the complexities of public and private mental health services working together.
2. Improving collaboration between public and private mental health sectors is important in the context of increasing demand for services and the scarce resources available to meet the mental health needs of the community.

**S063 Promotion of Mental Health**
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 5

**Paper 20 Minutes:** Mental Health Promotion: The Country Response to Rural, Regional and Remote South Australia

**Adrian Booth  Bev Colville**

Mental health promotion, illness prevention and early intervention (PPEI) have been identified as one of four policy drivers in the Department of Human Services (DHS) A New Millennium - A New Beginning, Mental Health in South Australia, Action Plan for Reform of Mental Health Services 2000-2005. The Country & Disability Services Division (DHS) have developed an addendum document entitled Country Mental Health Commitment 2001-2005. As a result, substantial resources were committed to country SA through the provision of grant-funded projects which aimed to build the capacity of diverse workforce groups to use a broad range of strategies to promote positive mental health and well-being in a coordinated and collaborative way. The grants were initially allocated for one year, but subsequently funded a further year to consolidate the work to date. The grant-funded projects were stage two of an overall mental health promotion workforce development model that offers a planned, coordinated approach to mental health workforce development that is sustainable and integrated into strategic planning and service development. Stage three consisted of the development of a training program for rural workers in conjunction with Flinders University of SA. This program also consisted of three components. Phase one: a train the trainer workshop; phase two: health promotion workshops; phase three: mental health promotion workshops, led by regional trainers. This paper provides the overview to a holistic approach to mental health promotion in rural SA, with an innovative model of better practice in service delivery and training. Learning Objectives 1. Participants attending this presentation will gain a comprehensive knowledge of an innovative model of practice for mental health promotion workforce development and training. They will learn about the vital links between a range of key stakeholders including planning and policy makers, consumers and community. 2. This topic clearly fits with the 2nd National Mental Health Plan and the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000. It provides a framework for service providers, consumers and communities to collaborate to provide better practice models of service delivery.

**S063 Promotion of Mental Health**
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 5

**Paper 20 Minutes:** Mental Health First Aid: A training program to improve mental health literacy

**Betty Kitchener**

Aim: To describe and evaluate a Mental Health First Aid training program for the general public. Background: Community surveys have found that the mental health literacy of the Australian public is poor. Mental Health First Aid was developed as a 9-hour training program to improve mental health literacy, to decrease stigma and to promote helping skills. Methodology: Mental Health First Aid training has been provided throughout last year to over 1,000 people in the Canberra region. An evaluation has been carried out with the first 250 participants in public classes. Questionnaires were administered at entry to the course, at the
end, and six months afterwards. These questionnaires covered mental health literacy (measured by responses to vignettes), stigmatizing attitudes (measured by a social distance scale), and reports of helping behaviours in the previous six months. Results: Training was found to improve mental health literacy, decrease stigma and promote help provided to others.

Conclusions: There is considerable demand for Mental Health First Aid training and the course appears to be effective in improving mental health literacy. Two randomized controlled trials begin in mid 2002.

Learning Objectives: 1. The National Action Plan calls for national action to ‘Identify effective approaches to improving mental health literacy by reviewing population health programs and effective approaches and partnerships that can shift attitudes, increase mental health knowledge and reduce the stigma of mental health problems and mental disorders in the community’ (p. 23). The audience will learn of one successful approach to improving mental health literacy in the community. 2. The National Action Plan (2000) lists six key outcome indicators and eight key process indicators for all priority groups. Mental Health First Aid is consistent with the following of these: * Increased mental health literacy * Increased community education related to mental health * Increased early identification of mental health problems and mental disorders and appropriate referral Mental Health First Aid also supports the following outcomes for the whole community listed in the National Action Plan: * Supportive environments * Community action * Reduced stigma and discrimination * Appropriate early help-seeking behaviour.

S063 Promotion of Mental Health
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Stemming the Tide: Depression a Community Issue
Sue Turner  Anna McNaughton

The WHO has predicted that by the year 2020 depression will have the dubious distinction of being the second leading cause of the global disease burden. If we accept this prediction, it paints a grim picture of the future health of our communities, particularly when viewed in the light of another WHO statement that mental health is crucial to the overall well being of individuals, societies and countries. This presentation explores possible ways forward in order to stem the tide of this serious threat to the mental health (and general well being) of our communities, using a mental health promotion approach. The presenters will share the Mental Health Foundation’s process of putting Depression on the agenda at the recent Commonwealth health ministers meeting, and the resulting Government and Commonwealth support gained as a result. Mental health promotion encourages cooperation and collaboration across both the health and other related sectors. The presenters believe that collaboration is essential in order to create a way forward with this issue and will share their experiences so far. They are particularly interested in exploring this with the primary health sector. This paper will show that by addressing an issue of mental illness we can look at promoting mental health and well being in our communities. We see this as a journey, which the Mental Health Foundation and others have begun; we invite you to explore the places this journey could take us as communities.

Learning Objectives 1. Participants will gain an understanding of the ways in which a Mental Health promotion approach can address a serious mental health issue. 2. Depression is a serious mental health issue, which is on the increase.

S064 Brief Papers: Focus on Rural Mental Health, GP Shared Care
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Promoting Rural Mental Health
Margaret Grigg

The provision of mental health services in rural and remote areas presents many challenges. The Centre for Rural Mental Health is located in the Loddon Southern Mallee Region of Victoria and was established as a joint initiative of the Bendigo Health Care Group and Monash University. The Centre provides leadership to clinical services in the development of innovative mental health services utilising an evidence-based approach that is tailored to the needs of rural communities. The Centre contributes to the professional development and
upskilling of mental health professionals and to the training of a variety of health professionals in undergraduate, postgraduate and continuing education programs. The Centre also promotes, supports and conducts research focussing on the nature, causes, prevention and treatment of mental health problems in rural communities. The inclusive concept of place is used to inform research activities and capture the potential complexities of rural locale as a variable in mental health and disorder. The Centre for Rural Mental Health provides innovative approaches to service development, education and training and research that is relevant to people living in regional and rural communities. Learning Objectives 1: Participants will learn of the challenges faced by mental health services in rural and regional communities and the importance of an academic unit that supports service development, training and education and research that is tailored to the needs of rural people. 2: Participants will learn of the importance of tailoring services to account for the unique experiences of rural living.

S064  Brief Papers: Focus on Rural Mental Health, GP Shared Care
21/08/2002  From: 1330 To: 1500  Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: ARAFMI Queensland Inc. Services
John Skelton
Over a period of 25 years, ARAFMI Queensland has developed a range of innovative and flexible support services, information and resources for families caring for people with mental illness and/or psychiatric disability that draw on the experience and wisdom of family carers. This paper will showcase these services including: Carer support groups throughout Queensland, 24-hour telephone support, Skills development workshops: * Carer Coping Skills * Loss and Grief * Effective Communication (including Group Facilitation) * Suicide Intervention * Speaking Up For Yourself - Advocacy for Carers * Telephone Support Training for Volunteers * Young ARAFMI - support and coping strategies for young people who have a family member with a mental health problem * Jerendine and Coolibah Family Support Programs -flexible respite options for families * Training about mental illness, psychiatric disability and family involvement for generic disability support workers and other community workers * ARAFMI Queensland publications * 'Coping with Mental Illness - A Handbook for Family Carers' * 'Supporting People with Psychiatric Disabilities - Information, Skills and Strategies for Support Workers' * Carers' Coping Skills Learning Package - (1) Workshop Format (2) Self Directed Learning Format * Community education and awareness * Information and referral. This brief paper emphasises the range of support options available to families in Queensland including two Family Support Programs, the only ones of their kind in the State. Learning Objectives 1. Participants will gain insight into the range of ARAFMI Queensland support services and programs for families including: emotional and practical support strategies, information and training materials for families and community support workers, models of service delivery for flexible family support and respite 2. ARAFMI Queensland is the only organisation of it's kind in Queensland that provides support exclusively for family and other voluntary carers of people with mental illness and/or psychiatric disability on a statewide basis. These services and programs are recognised as key elements in sustaining and maintaining the caregiver's role.

S064  Brief Papers: Focus on Rural Mental Health, GP Shared Care
21/08/2002  From: 1330 To: 1500  Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Progress through Partnerships: Development of a Rural Autism Spectrum Disorder Assessment Service
Bob Brown   Mary Fraser
Bendigo Health Care Group Child and Adolescent Mental Health Service (BHCG CAMHS) has developed a specialist Autism Spectrum Disorder Assessment Service (ASDAS) within its rural region. While this is a significant achievement akin to that other rural CAMHS, the particular focus here is to describe the collaborative process that was undertaken to establish a more sustainable service. BHCG CAMHS has operated with a strong collaborative philosophy and program for some time to improve community agency capacity to
identification and respond to mental health problems in young people. Over time this investment has brought about greatly improved collaboration and now there has been reinvestment from external agencies back into CAMHS through the creation of the ASDAS. The ASDAS is a truly multi-agency/stakeholder entity with collaboration from CAMHS; Centre for Rural Mental Health Bendigo; Centre for Developmental Psychiatry, Monash University, Melbourne; Psychology Department, La Trobe University; Department of Education, Employment and Training, Bendigo; a range of other local agencies and professionals and importantly the Autism Parent Support Group. The process and pain in developing the service will be presented as an example of the overall CAMHS structure and collaborative philosophy. The clear parameters provided by the ASDAS reference group was that the service needed to be sustainable, have a family and regional focus, identifiable contact points and pathway, and be collaborative. It was also clear that the principles of enhancing connectedness and resilience for clients applied to the needs of professionals who were working in relative isolation and greatly needed the support of a best practice network.

Learning Objectives: 1. To inform participants of rural issues in the development of a specialist service. 2. To inform participants of a sustainable collaborative model for an Autism Assessment Service in a rural area.

S064 Brief Papers: Focus on Rural Mental Health, GP Shared Care 21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Introduction of a clinical psychology intern program to a rural mental health service
Gene Hodgins
Specialist clinical psychology skills have become increasingly rare in public mental health services. This lack is particularly problematic in rural and regional Australia, where psychology services of any kind are difficult to access. One model for the reintroduction of these skills is to employ later-year clinical psychology postgraduate trainees under supervision. This model has the advantage of encouraging evidence-based interventions integrated with an emphasis on professional development, evaluation and applied research. The aim of this presentation is to describe the development, implementation and evaluation of a clinical psychology intern program within a regional area mental health service. It is expected the information presented will be useful for other services considering the introduction of these skills using this model. Learning objectives: 1. Audience members will learn about a model of how to develop, implement and evaluate a clinical psychology intern program within a rural area mental health service. 2. This topic is relevant to mental health services as it addresses important service issues in rural areas, particularly the training, recruitment and retention of specialist clinicians (in this case clinical psychologists).

S064 Brief Papers: Focus on Rural Mental Health, GP Shared Care 21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Using Technology to Support Mental Health: Providing Professional Online Services
Debra Rickwood
The aim of this talk is to describe how we will be taking online counselling services from what has been, internationally, quite an experimental phase, to a functional, professional and easy to establish extension to existing mental health services. There is a growing evidence base suggesting that providing mental health services, such as counselling, over the Internet has a number of significant benefits. There are also a significant number of hurdles if it is to be done at a professional level. The Centre for Applied Psychology at the University of Canberra has developed a strategy to directly address the difficulties of online counselling. We are doing this from three directions: First, we are teaching online counselling skills and issues in our courses. Secondly, we will be building the evidence base by focusing our research on the application of communication technology to mental health. Thirdly, in partnership with industry, we have developed a commercial online-counselling application to enable these skills and research to be taken to the real world at a professional level. The goal
of this strategy is to deliberately create an environment where extending this service online becomes a logical, economical and safe step for mental health service providers. Learning objectives 1. The audience will gain an understanding of how the University of Canberra is setting the stage for the provision of quality online mental health services. 2. With a growing Internet literate population, it is important for mental health services providers need to be aware of developments that will enable them to cost effectively and securely use these technologies to extend their services.

S064  Brief Papers: Focus on Rural Mental Health, GP Shared Care
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: The Fit to Feel Good Project
Marie Hines
Compared to the general population, consumers with enduring mental illness have poorer physical health and are less likely to engage in health promotion and prevent illness. This longitudinal project aims to improve the physical health of a group of consumers and GPs' confidence in managing chronic mental illness, by mental health staff and GPs working collaboratively to address the consumers' overall health. Participants were 66 continuing care consumers, 45 GPs, 15 case managers, and 6 psychiatrists/registrars. Subjective and objective measures of physical and mental health and functioning were completed using the MOS 36-Item Short Form Health Survey (SF-36), the Global Assessment of Functioning Scale (GAF), and a Physical Health Review Summary. GPs and case managers were asked to participate in case conferences, and to prepare, exchange, and review care plans. Baseline data are presented on physical illnesses and GAF scores found, as well as consumers' responses on eight SF-36 subscales. Data are also presented on GP and case manager participation in case conferencing, preparation and implementation of care plans and reviews. Collaboration between the mental health service and GPs is important as physical illness is common in this cohort, while the potential for health promotion and illness prevention appears substantial.
Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? Extent, type, and level of severity of physical illnesses found among a group of mental health consumers. The potential that exists in this cohort to promote good health and prevent illness in such areas as exercise, cigarette smoking, drug and alcohol consumption, and nutrition. The level of concordance between subjective and objective reports of physical and mental health and functioning. 2. Highlights the importance of communication between GPs and the mental health service in not only facilitating the treatment of physical illnesses in this cohort, but also facilitating the promotion of good health and illness prevention. Outlines a procedure for communication between GPs and the mental health service that facilitates a transfer of knowledge. Describes the barriers to communication encountered between GPs and the mental health service.

S064  Brief Papers: Focus on Rural Mental Health, GP Shared Care
21/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: 10 Years of rural mental health service delivery in Southern Tasmania - A team ahead by a country mile. A service delivery model (best practice) worth of replication?
Karen Chilcott
National Mental Health Policy developments are matched with the service delivery model of a rural based Mental Health Team in Southern Tasmania. Two pivotal aspects of the Derwent Valley service delivery model are outlined - the unique (in Tasmania) location of the service with a rural community, and co-location of the service with Community Health Services. Also outlined and unique in Tasmania is the Teams 10 year General Practitioner sharecare/liaison which places the team at the forefront of which is variously termed 'sharecare', 'partnerships' and collaboration with General Practitioners. This paper also develops a simple and accurate methodology/yardstick of effective sharecare. The Derwent Valley Centre team's clinical contact data demonstrates an impressive past and present track record. It is concluded that the Derwent Valley Centre Team provides a benchmark for rural
mental health service delivery that could be replicated throughout Community Mental Health Services in Tasmania. Learning Objectives: 1. Delegates will gain an understanding of a rural based community mental health service in Tasmania particularly the impact of a proactive General Practitioner share care program on service delivery. 2. Managers and clinicians of mental health services often struggle to develop evaluation measures for clinical services (other than cost). This paper proposes one measure relevant for both managers' clinicians alike.

**S065 Rural Mental Health: Workforce; Court Diversion**

**21/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 1**

**Paper 20 Minutes: Introducing a professional development program to a rural Area Mental Health Service.**

Adrian Donoghue  Gene Hodgins  Joe Scopelliti  Fiona Judd  Greg Murray  Mike Kyrios  Nick Allen  Henry Jackson

A shortage of clinicians trained in evidence-based psychological treatments is a problem faced by many rural mental health services. The presentation will describe the introduction of a cognitive behavioural therapy (CBT) professional development program for clinicians based in rural areas. The program involved a series of workshops that focused on discrete cognitive behavioural strategies for the management of mood and anxiety disorders. Contextual aspects of the program will be described - the setting, the modality of delivery, resourcing issues and maximising engagement by the participants. Program evaluation data will be reviewed. This data included questionnaire-based measurement of: clinicians' knowledge of CBT strategies; attitudes to CBT; current practice of CBT; and current satisfaction with professional development opportunities. Post-training measures obtained by re-administration of the questionnaire and focus groups, demonstrated improvement in a number of these domains. It is argued that programs that focus on local capacity building are an important component of redressing urban-rural imbalances in skill availability. Learning objectives: 1. Audience members will learn about a model of delivering a professional development package to rural mental health service clinicians. 2. This topic is relevant to mental health services as it addresses important rural imbalances in the availability of evidence-based treatments.

**S065 Rural Mental Health: Workforce; Court Diversion**

**21/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 1**

**Paper 20 Minutes: A comparison between two local court psychiatric diversion programmes: rural and metropolitan**

Johnathon Carne

The author has been involved in the establishment of Local Court Psychiatric Diversion Programmes in Metropolitan Sydney and in Lightning Ridge and Walgett in northwest New South Wales. This paper records and comments on some of the contrasts between the two services. Learning Objectives: 1. An understanding of some aspects of the relationship between mental illness and the process of criminalisation; particularly the discriminatory nature of the labelling of individuals as 'criminal' as it differentially affects urban and rural dwellers. 2. It should become apparent, as a result of this paper, that deficiencies in mental health services may lead to the apparent criminalisation of innocent mentally ill individuals.

**S065 Rural Mental Health: Workforce; Court Diversion**

**21/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 1**

**Paper 20 Minutes: Training in the Outback: Developing a 'Best Practice' model of mental health education and training for aboriginal mental health workers**

Sandra Thomas  Len Kanowski

The past decade in Australia has seen the growth and development of a number of Mental Health Education and Training Programs for Aboriginal and Torres Strait Islander Mental Health Workers. Program graduates are employed in Aboriginal Community Controlled Health Services, mainstream mental health and other human service organisations throughout
the country. Despite a considerable number of Aboriginal workers having graduated from these programs over recent years, many important questions remain unanswered. Some questions include: What do Aboriginal Health Services and Mental Health Workers and the mental health industry want from Aboriginal Mental Health Workers in terms of skills and qualifications? How should education and training programs be shaped and delivered? What constitutes 'best practice' in the field of Aboriginal and Torres Strait Islander Emotional and Social Well-being (Mental Health)? Where do Aboriginal Mental Health Workers fit in the 'big picture' of Mental Health and Well-being Service provision? What specific issues arise for workers in rural and remote outback areas? The authors draw on a detailed review of the NSW Far West Area Health Service Aboriginal Mental Program in outback NSW, evaluation of other programs, an extensive literature review, and their own experience to answer these and other important questions. Learning Objectives: The paper identifies the essential ingredients for a 'best practice' education and training program. It makes recommendations for evaluating the effectiveness of education and training programs and poses many important issues relating to the design and delivery of training and the development of a skilled Aboriginal Mental Health workforce. How is this topic/issue relevant to mental health services and mental health issues? The paper will be of interest to tertiary education providers, consumers, policy makers and the Aboriginal and non-Aboriginal mental health industry, especially those interested in the provision of services in the remote outback.

**S066 Issues for Children of Parents with Mental Illness**

**21/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 2**

**Paper 20 Minutes: The KOPING Forum - A Collaborative Strategy to Improve Pathways to Care**

Michelle Hegarty  Scott Harden

The need is recognised for collaboration in the care of children and young people whose parents have a mental illness, in order to improve identification and meet their needs. Services need to work together in developing accessible supports, and to improve referral pathways between service providers that may be supporting these families. The KOPING Forum was established in the northern suburbs of Brisbane to provide a collaborative approach to supporting children and young people whose parents are living with a mental illness. The Forum includes a broad range of representatives including service providers, consumers and carers. The primary objectives of the project are to improve service responses and support; to raise awareness; and to improve referral pathways and access to services for these children, young people and families. The Forum has involved needs analysis, training, collaborative group programs, identification of referral pathways, and the development of a tool to identify needs and assist in referral to appropriate services. This paper will provide an overview of the KOPING Forum, in particular focusing on the KOPING Kit - a referral pathways tool being used in the district. The paper will include discussion of the challenges and benefits of collaborative care and service development. Learning Objectives: 1. Participants will gain an insight into strategies to developing effective interagency, collaborative approaches to supporting children and young people who have a parent living with a mental illness. 2. Mental health services are increasingly recognising the need to support families where a parent has a mental illness and are facing an increasing demand to work collaboratively with other health and community services in doing so. This paper provides some practical strategies and examples employed by mental health services, which may be of benefit to similar services that are developing a response to these needs.

**S066 Issues for Children of Parents with Mental Illness**

**21/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 2**

**Paper 20 Minutes: The Offspring Group: A group work approach to working with adults who have grown up with a parent with mental illness.**

Bernadette Jenner  Judith Player

The presentation will provide a summary of the themes and issues explored in the 'Offspring Group' by adults who have grown up with a parent with a mental illness. The 'Offspring
Group', run by ARAFEMI Victoria since 1995, provides adults with the opportunity to meet with others, share experiences and gain greater insight into the ways in which growing up with a parent with a mental illness impacts on their own lives. By fostering a safe and supportive environment, group members are encouraged to identify common themes and discover new meaning and emotional well-being. The aim of the presentation is to provide family members and carers, family support workers and mental health practitioners with the opportunity to gain greater insight into the needs of adults who have grown up with a parent with a mental illness. Strategies and skills for identifying and addressing these needs within a group setting will be explored.

Learning Objectives
1. The audience will gain greater insight into the issues affecting adults who have grown up with a parent with a mental illness and acquire strategies to address these issues in a group setting.
2. The needs of young people growing up with a parent with a mental illness are receiving increasing recognition.
Mental health service providers will gain an increased awareness of their needs, review their practice in terms of maximising positive mental health outcomes for offspring, become aware of the need to make use of existing services and programs available to offspring, and learn of one model for working with offspring.

S066 Issues for Children of Parents with Mental Illness
21/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 2
Paper 20 Minutes: Have Your Say' re the Children of Parents With A Mental Illness - National Initiative
Elizabeth Fudge Philip Robinson
In March 2001, the Children of Parents Affected by a Mental Illness Scoping Project Report (AICAFMHA) was launched by the Minister for Health. In response to this report, the Commonwealth government allocated funding for a three year national initiative to develop guidelines and principles for services and workers, and complementary resource materials for services/workers, parents and young people. This session will provide participants with an opportunity to learn more about the project and about how they can provide valuable input and feedback to the project over the coming two years. The Presentation will commence with a brief overview of the Scoping Project findings and of the current national initiative. Stage 1 of the project involves a comprehensive national consultation to identify existing resources and literature relevant to the field in conjunction with the primary objective of identifying the information and resource needs of services/workers, parents and young people. The presentation will provide a forum to learn about the information gained in consultations to date. Conference delegates will be invited to contribute to the knowledge base of the project and participate in discussions about both the content of the proposed guidelines and about development of resources for use by a range of sectors involved with families where a parent has a mental illness. These include welfare, justice, education, health and community services. Resources for use by the children and families themselves will also be discussed.

Learning Objectives:
1. Gain an overview of the background to and structure of the current national initiative regarding children of parents with a mental illness. Learn of current issues identified by consumers and other key stakeholders in the area of services for families where a parent has a mental illness. Gain first hand experience of how consumers/carers/young people and professionals might contribute to the project now and over the next two years. Find out how to learn more about the initiative as it unfolds.
2. It provides participants with an opportunity to help shape Australian principles and guidelines in relation to services for this often hidden group and to identify resources which could assist relevant service providers and families to better meet the needs of these children.
S067  Client Directed Practice
21/08/2002 From: 1330 To: 1500 Venue: Skyline Room 1
Workshop 1.5 Hrs: Client Directed Practice - Tools that give the power back to the client
Phil Eddy  Fiona Paige
A fundamental tenet of Psychosocial Rehabilitation is that the locus of control is with the client. A dilemma facing workers exists when workers are expected to create 'client files' and to document 'case work'. This dilemma is heightened by the notions of 'power - over' and 'expert' that clients associate with file keeping by mental health practitioners. Staff at St Luke's have been working at creating an open filing system that contributes to the clients experience of 'empowerment' and 'control' over their information. Such an open file becomes a therapeutic tool in the process of recovery if approached thoughtfully and openly. St Lukes Recovery Focused Mental Health services have been working with client owned 'service folders' for two years in our integrated psychosocial rehabilitation programs. Although the transition to client held service folders is evolutionary, around seventy clients now have control of their own information. The implementation of this new philosophical approach has been both challenging and rewarding for the clients and the workers. During this workshop we will discuss how client directed practice can lead to wider outcomes. Specifically we will: Consider recording as a therapeutic and 'change' tool, Practise recording in a social justice context, Challenge our current practices, Promote debate about clients' rights and ownership of information, Demonstrate some tools that are included in service folders. We will also explore: How we can make client owned folders an integrated part of client directed practice, How workers do not need a high level of expertise in mental health to use this approach - after all the client is the expert in their own situation, How this process allows the client to engage us - if we engage the client, we will be doing their business. How other service staff will be influenced by this approach, Why letter writing is an important tool.
Learning Objectives: 1. Frameworks that strengthen the therapeutic relationship with the client 2. One of the key principles of psychosocial rehabilitation is that 'people have the right and responsibility for self-determination'

S068 Marijuana & Mental Illness
21/08/2002 From: 1330 To: 1500 Venue: Skyline Room 2
Invited Symposium: Marijuana and mental health: complications, and controversies for consumers and clinicians
Andy Campbell Maree Teesson Paul Mullen
Prof Paul Mullen, Australia's leading forensic psychiatrist will speak about the effects of substance abuse on psychosis and the dramatic changes this has brought for public mental health services. Maree Teesson will present some of her original research on the connection between marijuana and increased the levels of psychosis. Andy Campbell will give an update about community treatment orders and marijuana.

S069 Perinatal Mental Health & Infant Care
21/08/2002 From: 1330 To: 1500 Venue: Skyline Room 3
Invited Symposium: Mental Health at the start of Life: integrated perinatal and infant care
Anne-Lyse De Guio Bryanne Barnett Nick Kowalenko Marie-Paule Austin
Integrated Perinatal and infant Care: A NSW Mental Health Initiative  The Integrated Perinatal and Infant Care initiative is a collaborative program driven from the Centre for Mental Health involving Women and Children Services and Mental Health. It aims at improving the mental health of mothers and their infants by identifying, antenatally and postnatally psychosocial risk factors likely to negatively affect the physical and mental health of infants and their family This symposium will demonstrate the Public Health model of intervention proposed by NSW Health to identify families at risk and two current mental health programmes will illustrate effective models of early intervention. Professor Bryanne Barnett (Pediatric Mental Health University of NSW) will chair the symposium. Anne-Lyse
De Guio (NSW State Coordinator, IPC Implementation Manual) will present the evolution of the initiative at State level. Dr Marie-Paule Austin (Perinatal Mental Health Psychiatrist) will describe the antenatal psychosocial assessment and targeted intervention programme currently implemented at the Royal Hospital for Women (Sydney). Dr Nick Kowalenko (Director Child and Adolescent Psychiatry, Royal North Shore Hospital) will report on an early intervention project using an action research model for the management of women with persistent postnatal depression. Paper 1: How a generalist health service remodelled outreach to enhance its clients mental health care: early intervention for persistent post-natal depression. Nick Kowalenko, Director of Child and Adolescent Psychiatry, Royal North Shore Hospital (NSW) This presentation focuses on the work of a collaborative partnership with Tresillian Family Care Services (a generalist health service targeting families and young children aged 0-3) to implement a pilot early intervention home-visiting program to enhance perinatal and infant care for very high-risk mothers and infants. It's funded by an early intervention parenting grant from the Commonwealth Department of Family and Community Services. Following a prospective study (1999-2001) of Tresillian clients we found that for those with persistent depression in the first year of their infant's life, early childhood development was markedly affected. This was despite screening for maternal depression, and appropriate referral in the first 3 months after giving birth. We found that compliance with treatment for depression was poor, but not substantially different from the pattern of compliance for others with mental health problems. Mothers expressed a preference for home visiting and wholistic care to enhance their compliance with interventions for depression in a semi-structured interview. Following a literature review & consultation with colleagues, we developed a structured 10 session home visiting intervention for persistent postnatal depression that focuses on the needs of parents and infants at highest risk. The intervention is primarily relationship based & includes cognitive behavioural approaches. It also aims to enhance GP & other community links. This presentation will describe the intervention, the organisational support required for its implementation and the role of mental health services working in partnerships to address both adult and early childhood mental health needs. This is an example of an action research model shaping family care services commitment to the notion that health can only be optimised if the mental health of clients is systematically addressed. Paper 2: Antenatal psychosocial assessment and targeted group CBT interventions for 'high risk' women. Marie-Paule Austin, Helen Jarman; & Maureen Frilingos (Royal Hospital for Women, Sydney; Liaison Psychiatry & Psychology and Midwifery, University of New South Wales, School of Psychiatry). There has been an increasing worldwide focus on the need to optimize the early years for the best outcomes in terms of subsequent adult mental health. We believe that this process begins antenatally. Antenatal psychosocial assessment may be a useful way of identifying those women and families that will benefit from early intervention with the aim of optimising mother and infant mental health outcomes both in pregnancy and postpartum. At the Royal Hospital for Women we have developed a psychosocial 'screening' self-report tool, which used in conjunction with the Edinburgh Depression Scale, allows us to identify distinct subsets of symptomatic and/or 'high risk' women. Psychosocial 'screening' is part of the antenatal booking visit for all public patients delivering through the Royal Hospital for Women. Once 'high risk' women are identified, they are offered the appropriate group intervention. We offer 2 types of groups; one for those with anxiety and depressive symptoms past or present but without history of neglect/abuse (CBT group intervention); the other for women with history of abuse or neglect. This is in addition to the usual input from Social Work, Psychiatry and the general practitioner where appropriate. Both the 'screening' process and CBT antenatal group intervention will be outlined in this presentation. These projects are now being formally evaluated with funding from the 'Beyond Blue' National Depression Initiative and Rotary Mental Health Research Funding, respectively.
S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Countering Discrimination and Stigma in Government Agencies: An Evaluation of Stage One
Nona Milburn
The presenter was contracted by the Ministry of Health, New Zealand, to provide an external evaluation of stage one of the Like Minds Like Mine Project's strategy with government agencies. A key objective of the Like Minds Like Mine Project (to counter discrimination and stigma associated with mental illness) is to change attitudes and behaviour in government agencies which are in frequent contact with people with experience of mental illness. Project teams were formed with the aim of promoting 'safe and respectful environments for people with experience of mental illness' by targeting Police, the Ministry of Social Development and Health Services at regional and national levels. The evaluation presented covers stage one of the government agency project, and uses qualitative and quantitative analysis of the pilots through process and outcome measures. Areas of interest were strengths and weaknesses of the piloted approaches and the impact of any programmes piloted by the project teams. The evaluator was involved from the initial planning phase and methods used include analysis of data provided from programme evaluations, focus groups; telephone and face to face interviews. Evaluation findings were communicated throughout the pilot and evaluator insights were available as a resource to those working in the project teams. The learning from the evaluation of the LMLM pilot project with government agencies will direct further action to change attitudes and behaviour of officials toward people with experience of mental illness.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Carer Training Project For The Management of BPSD By Home-Based Carers
Barbara Susan Dicker Chawla Sudarshan
The financial and emotional cost of caring for people with dementia in Australia is high with residential and acute in-patient care forming the bulk of this expenditure. In order to contain costs, government policy is attempting to support the carers of persons with dementia in the community. However, the policy of home-based care places additional burden on the home carers of the demented person, as many carers do not possess knowledge and skills related to the management of persons with dementia. Studies have identified behavioural and psychological symptoms of dementia [BPSD] as the single greatest contributor to caregiver stress. The results of a project aimed at supporting home-based carers of people with dementia via the provision of training focusing specifically on the management of BPSD will be presented. A customised, individual educational approach with extended carer support post-instruction was adopted which resulted in the production of a unique training package. Findings from a trial of the package with carers in Fremantle Hospital's Catchment Area in 2001 indicated that empowering home-based carers through education and professional support significantly increased their knowledge and their sense of competence in BPSD management while reducing their level of stress. Learning objectives: 1. Delegates will recognise the benefit of teaching home-based carers of people with dementia to manage BPSD via the use of a customised, individual approach with extended post-instruction support. 2. Delegates will have an awareness of how the inability to manage BPSD results in carer psychological morbidity, inappropriate use of acute psychiatric and residential aged care facilities and reduced quality of life for both carer and care recipient.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: 'Working Better By Linking Together' - New England Area Mental Health Promotion and Prevention Network
Warren Isaac Amanda Walters
The New England Area Health Service covers a large geographical rural area of 98,000 square kilometres in North West New South Wales. It includes 19 local government areas and is responsible for the health status of 175,208 people (1996 census). Communities range from
large regional cities to tiny hamlets. The difficulties often associated with providing services across vast distances and diverse communities are being overcome through the activities of a network of mental health professionals that support and enhance the quality of mental health promotion and prevention initiatives across the Area. The role of the Network has developed since its initial inception in 1995. The Terms of Reference has expanded to include responsibility for: Prioritising, planning, implementing and evaluating Area wide and local initiatives, in partnership with identified individuals, groups and agencies. Addressing professional development needs in relation to promotion and prevention in mental health.

Learning Objectives
1. Gain an understanding of the framework developed to support and enhance promotion and prevention in mental health across the New England Health Area.
2. The function of the Network is to bring together mental health professionals to enhance and support the delivery of mental health promotion and prevention initiatives across the New England Health Area. Promotion and prevention in mental health has been identified as a priority under the Second National Mental Health Plan (1998 - 2003).

**S070 Poster Session**
**21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer**
**Poster: Smoothing the Transition from Hospital to Community**
Kim Bonnici

In this poster, we will illustrate the development, progress and evaluation of the Transitional Group, which has been facilitated by staff from St. Vincent's Mental Health Rehabilitation Service since April 2000. The Transitional Group was developed to provide education and support for consumers during the transition from hospitalisation through to living in the community. The aim is to provide an opportunity for consumers to identify and explore issues that arise during this transitional period, and to discuss strategies that may assist consumers to maintain mental well-being in the community. The poster will outline results obtained through the use of satisfaction questionnaires which have been completed by consumers at the end of each group. Results and feedback have generally been positive, however some issues have emerged in the evaluation process. Comment will also be made of other positive benefits that have been initiated through the group process. The poster will also outline plans to collaborate with consumers that have attended the group in a quality improvement process, to ensure that the group is responsive to consumers needs. Learning Objectives: 1. To highlight the impact of the shared experience which is facilitated through the Transitional Group. To highlight the value of collaborating with consumers in the quality improvement process. 2. To highlight the impact of hospitalisation and the difficulties which consumers may experience in maintaining mental well-being in the community.

**S070 Poster Session**
**21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer**
**Poster: Collaboration between Mental Health Services and General Practice - The Role of the GP Clinical Liaison Officer**
Georgina Papaioannou Kim Asher Mary-Beth Allen Nelson Lillo Simon Richards Nick O'Connor

Significant changes in the organisation and delivery of mental health care have occurred over the last few decades. More recently, there has been an increasing emphasis on the collaboration between mental health services and general practice in the care of people with mental health disorders. Northern Sydney Mental Health Services have implemented a GP-Link Project to coordinate these collaborative initiatives. One significant element of the Project's wider structural reform plan has included the development of GP Clinical Liaison Officer (GPCLO) positions in each sector, to foster closer links between mental health services and local GPs. The development of these positions, along with their major roles, including assisting in the discharge of patients to primary mental health care or shared care with a GP, will be outlined. Criteria for patient participation and protocols for discharge to primary care or shared care will be described. Results of preliminary data about the number of patients discharged, diagnostic categories and relapse rates will be presented. Learning
Objectives 1. Participants will gain an understanding of the work of the GP Clinical Liaison Officer, and what their role is in the collaboration between mental health services and general practitioners. 2. The issue of collaboration between mental health services and GPs in providing a more coordinated approach to mental health care is pertinent to work practices management and health service reform in mental health services.

S070 Poster Session  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
Poster: Measuring treatment fidelity: The Outpatient Service Index  
Allen Gomes Neil Preston Duane Pennebaker

A significant barrier to the evaluation of outpatient/community service effectiveness is the lack of a measure of service intensity. The aim of the presentation is to describe and report on the basic psychometric properties of the Outpatient Service Index, a newly developed metric of service intensity. The instrument was administered to service managers and clinicians from the 32 metropolitan and eight rural outpatient/community services purported to offer rehabilitation services in Western Australia. The findings are discussed against the existing literature on treatment fidelity measurement and recommendations made for using it in evaluating service effectiveness. Learning objectives: 1. The audience will learn about the psychometric properties of an instrument designed to measure service intensity. 2. The topic is relevant to mental health service managers and policy makers concerned with measuring service intensity.

S070 Poster Session  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
Poster: Promotion of Mental Health  
Cathy Reti John Wade Cavell Zinsli Paul Woods

Learning Objectives: 1. Delegates will receive a history of development and achievements of a Non Government Organization called Challenge Trust that includes a brief background of the presenters, their roles in the organization and their commitment to Rehabilitation and Recovery. What is Client Representation and why is it important for mental health organizations to have this kind of advocacy and/or guidance? The benefits that can be achieved by valuing client representation for consumer. How to achieve better Consumer Participation for rehab/recovery programs, research and collating data, and training opportunities that consumer will feel empowered to buy into. Learn about the importance of Community Support Work and the various skills and network systems needed to support Coordinated Care Plans for consumer that are moving from a residential setting or already living in the community. What effects can the Integration of Services gain by working to support their clients in the growth of consumer driven initiative? An overview of a living, working Partnership that values ‘Te Tiriti O Waitangi’ between mainstream service providers, maori consumer and maori staff members. To provide delegates with information that will enhance creative and innovative ideas about the Therapeutic Intervention of ‘Music’. Challenge Trust workshop will display artwork, music and role - play of which delegates may want to participate in some fun activities. 2. Presenters of the Challenge Trust - ‘Promotion of Mental Health’ Workshop will endeavor to raise the awareness around ‘Ownership of Consumer Health and Well Being’ due to the innovative and creative ideas developed by the organization and its members. Senior Client Representation is valued in management of Challenge Trust and right throughout the organization. As a result being heard empowers consumer and involved in developing an organization they can buy into. Client focus is paramount. Ideas are more affective and long - term success can be achieved by supporting consumer driven initiatives and ideas. Community Support links are invaluable ensuring that families, friends, mental health professionals and clinicians are becoming more involved in well Coordinated Care Plans, especially if clients are moving from a residential setting into the community. Challenge Trust Value Consumers Dreams and Aspirations. Witness music by ‘Unity’ a consumer driven
project supporting anti-stigma and anti-discrimination for mental ill health sufferers. 'Unity' is raising awareness of the need for community support. The public are better informed through this venture by viewing and hearing more positive media coverage like the work 'Unity' are achieving. 'Unity' had released their first CD in 2001, describing their viewpoint of mental illness and the systems to which they are learning to do without. The response has been excellent for the community and consumer throughout the Northern Region. Cultural Perspectives are providing interesting antidotes for assessments. Consumers are being heard at many different levels of mental health development. Learn why this is so and enhance your understanding of cultural safety. In Conclusion We have described the direction in which mental health providers of New Zealand are steering. We wish to present the Challenge Trust mission statement that portrays our commitment to quality service delivery and promotes independent living. 'Awhi mai, awhi atu, kia kothi tatou, he tangata, he tangata, he tangata’. Embracing people, building partnerships, Promoting recovery.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Non-Attendance at Community Mental Health Centres Study
Jane Vanderpyl  T LeProu  M Abas
An audit of missed appointments recorded on the Patient Information System (PIMS) indicated that in South Auckland Health (SAH) more than 20% of CMHC appointments were not attended. This study aimed to identify reasons for missed appointments at the CMHCs, to identify any differences in difficulties attending appointments between attenders and non-attenders, and to develop strategies to increase the rate of attendance. People who had had an appointment at a CMHC over a six-week period were approached for an interview. The main reasons given for missing an appointment were forgetting, service error, and a lack of transport. The main difference identified between attenders and non-attenders were that non-attenders experienced multiple reasons for non-attendance at CMHCs compared to attenders. Those who miss outpatient appointments are likely to be more unwell than those who attend and it is therefore important for improved consumer outcomes that outpatient appointments are attended. This study identified that for some consumers with multiple difficulties and a complexity of reasons for non-attendance, no single strategy would increase attendance at CMHCs but several strategies would need to be implemented to assist their attendance. Learning Objectives: 1. The audience will learn about a study that explored consumer reasons for missing appointments. Unique to this study is a comparison of non-attenders and attenders in terms of level of difficulty experienced attending the community mental health centers. 2. Missed appointments in mental health services have been associated with poor health outcomes for individual consumers. It is critical for services to understand more about missed appointments and how they can best address this issue.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Medication Issues Project
Mary-Rose Mahala  J Vanderpyl  T LeProu  M Abas
Good practice in the area of medication is part of the road to recovery for many consumers. Medication is a complex issue for both users and providers of mental health services. Recently, a South Auckland Health (SAH) Mental Health Services study identified problems with medication concordance as being a major reason for acute psychiatric admissions. This participatory action research project sought to obtain the views of multiple stakeholders (consumers, caregivers, non-governmental support service staff (NGO), clinicians and key workers of SAH mental health services). Focus groups explored beliefs about medication and issues around medication management practices. A culture of blame, whereby every one else was blamed for medication non-concordance was very evident in the focus groups. Many participants critiqued the tendency to see medication concordance as primarily a clinician-consumer relationship. In exploring strategies to improve medication concordance, all stakeholders identified collaboration between consumers, families, and staff (both NGO and
SAH) as crucial, with all stakeholder groups favouring a more inclusive systemic approach. Developing appropriately targeted and easily accessible education resources for consumers, families and staff was another key strategy identified for improving medication concordance. These findings will contribute to the development of an action plan addressing medication issues in the Counties Manukau District Health Board region. Learning Objectives: 1. The project provides a unique opportunity to gain insight into the complexity of medication management issues from the perspectives of multiple stakeholders. The study affords an opportunity to look at issues in developing collaborative partnerships that include consumers, families, NGO community support workers and clinical staff. This is an example of key stakeholders within the Counties Manukau area engaging in a participatory action project. 2. This study explores barriers impeding collaborative relationships across stakeholder groups in the area of medication management. Medication is a key issue for all those involved in mental health services. Not taking medication as prescribed is often linked with relapse and admission to acute psychiatric hospitals. A complex range of factors affects medication concordance. Many of these are service level issues rather than individual level issues. Multiple stakeholders have an interest in facilitating medication concordance, but services struggle to develop processes that support effective partnerships.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Share care - a pathway for promotion, prevention and early intervention in rural mental health
Karen Chilcott
National Mental Health Policy developments are matched with the service delivery model of a rural based Mental Health Team in Southern Tasmania. Two pivotal aspects of the Derwent Valley service delivery model are outlined - the unique (in Tasmania) location of the service with a rural community, and co-location of the service with Community Health Services. Also outlined and unique in Tasmania is the Teams 10 year General Practitioner sharecare/liaison which places the team at the forefront of which is variously termed 'sharecare', 'partnerships' and collaboration with General Practitioners. This paper also develops a simple and accurate methodology/yardstick of effective sharecare. The Derwent Valley Centre team's clinical contact data demonstrates an impressive past and present track record. It is concluded the that Derwent Valley Centre Team provides a benchmark for rural mental health service delivery that could be replicated throughout Community Mental Health Services in Tasmania. Learning Objectives: - 1. Delegates will gain an understanding of a rural based community mental health service in Tasmania particularly the impact of a proactive General Practitioner share care program on service delivery. 2. Managers and clinicians of mental health services often struggle to develop evaluation measures for clinical services (other than cost). This paper proposes one measure relevant for both managers' clinicians alike.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Feeling Normal for a Day
Ewelina Zaborawska
This poster presentation shows the recreational group program run by the Mobile Support and Treatment Team, Middle South Adult Mental Health Services in Melbourne, Australia. The project, over four years, targeted female clients of MSTT, who have limited access to community resources as well as little family support. The majority suffer from multiple disabilities - mental and physical. A large proportion comes from cultural and linguistic diverse backgrounds. All experience structural inequalities of poverty, gender and social stigma. A collection of photos, collages, invitations and participants' comments have been gathered in telling the story. The presentation aims to inspire mental health practitioners to broaden the scope of interventions employed in treatment and rehabilitation. Using
'supplementary' modes of working with consumers we often achieve better outcomes for them and the service as compared to individual case management.

**S070 Poster Session**  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
**Poster: Redevelopment of An Adolescent Psychiatric Unit (Royal Children's Hospital Melbourne Banksia)**  
**Kerrie Hancox**  
This paper will explore the difficulties and challenges Banksia unit has experienced over the last 12 months and the process of redevelopment. Throughout the last 12 months, the Banksia unit staff have experienced many, changes. 2001 was a time of great uncertainty for everyone involved with the unit. Firstly, we were informed that the unit would be moving to Footscray to be reallocated at a tertiary hospital. A number of senior nursing staff resigned resulting in the greatly increased use of casual staff. This in turn impacted on the delivery of the service. For 10 months of 2001 the unit lacked a permanent Unit Manager - utilising senior unit staff to rotate through this position. During this time of severe staff shortages, the unit had a record number of admissions. The unit was kept in a holding pattern pending the appointment of a unit manager and securing of a consultant psychiatrist, this came together at the beginning of 2002. The planning began the priorities were set: The unit manager and consultant psychiatrist establishing a working relationship, Establishing the support of Management, Nursing Management days (AUM day), Team Building day, What are we doing what do we want to do? Evaluating our position, Mission Statement and objectives developed by the team.

**S070 Poster Session**  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
**Poster: Clinician attitudes towards early psychosis intervention: The first 4 years**  
**Jo Gorrell   Alison Cornish   Vivienne Miller   Louise Nash   Chris Tennant**  
Objectives. A questionnaire was administered with an aim to assess the attitudes of mental health clinicians towards the adoption of an early intervention approach and to monitor attitudinal change during the introduction of this approach. Methods. The perceptions of Early Psychosis Intervention (PEPI) questionnaire was developed and then completed by clinicians at 3 time points over 4 years during the introduction of a best practice early intervention approach (n=143, 178, 102 respectively). Results indicate that at all 3 time points clinicians generally agreed with the potential advantages of early intervention but were unsure about their own readiness to implement such intervention. Responses to an open-ended question regarding concerns about the new approach indicated a positive shift up the developmental process of change, from initial concerns about personal skills, resources and workload, to a gradually more specific focus on particular aspects of clinical interventions and on the impact of the new approach. Conclusions: Our services have introduced early psychosis intervention. Clinicians have moved up the developmental process of change. The questionnaire has provided a means for clinicians to influence the change process. Learning Objectives: 1.How to measure clinicians attitudes towards change. What clinicians think about early psychosis interventions. 2.Relevant to mental health services who are introducing early intervention or other new approaches to service provision.

**S070 Poster Session**  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
**Poster: 'Carrots, Sticks and Velvet Gloves': Developing a Collaborative Process Aimed at Building Sustainable, Inclusive and Equal Partnerships**  
**Diana East   Mohamed Darbas**  
The 2nd National Mental Health Plan recognises that a priority area for mental health reform is the development of partnerships in service reform. For collaboration to be effective, it is the relationships amongst service providers and other community sectors, and between different service providers, that are important. These relationships need to be actively
fostered in order for all sectors to work effectively together. This paper outlines the process for developing a collaborative mental health strategy for four Community Renewal areas in Logan, Qld. The strategy proposes a funding partnership between Housing Qld and Families and Community Services with in-kind support from the Qld Alliance for Mental Illness and Psychiatric Disability Groups and Logan NGO service providers and Qld Health taking up the auspice role. The collaborative approach provides a comprehensive response to the complexity of mental health needs in the local area and serves to strengthen the relationships and operations among service providers. It has also enhanced the capacity of community members of the Community Renewal area committees by connecting them to a network consisting of mental health service providers, a mental health peak body and local departmental representatives. The 'carrot', then, was possible Community Renewal Program funding. The focus of joint planning and collaborative effort was a 'stick' which helped service providers move past turf war and other issues. The 'velvet gloves' are the all-important enabling factors that have helped closer working relationships to be developed and strengthened and the local community infrastructure to become more responsive to the needs of people with mental health problems. An appreciation of the enabling factors will ensure that the true meaning of concepts espoused in the Mental Health Promotion and Prevention National Action Plan, such as 'develop partnerships and linkages' and 'build on social capital', are realistic outcomes of activities. Learning Objectives: 1. People in the audience will learn some approaches for building positive relationships and authentic partnerships at all levels so that true collaboration can be a lived reality. 2. The paper will raise awareness of some critical issues related to developing a mental health promotion, prevention and early intervention framework that reflects a coordinated, whole-of-government approach to working together with communities.

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Jaelea Skehan  Jon Chesterton  Trevor Waring  Barry Frost
Best practice in psychiatric rehabilitation is changing with increased knowledge from research, clinical practice, and consumer and carer sources. Given that staff education and training needs to complement these changes to maintain currency, the Hunter Institute of Mental Health has produced an interactive CD-ROM on psychiatric rehabilitation for mental health professionals. The CD-ROM is a resource with practical information and techniques for improving the quality of life, recovery, and reintegration into the community of people with a serious mental illness and/or disability. The modular CD-ROM package is based on the latest evidence in psychiatric rehabilitation and recovery gained from a systematic review of the literature, and reinforced by consultations with staff from selected services in urban and rural areas and the non-government sector. It includes reference and resource materials on core subjects such as assessment, goal-setting, cognitive and behavioural interventions, social skills development, working with families, case management, and accommodation and vocational support. The presentation will showcase the CD-ROM and include a discussion of how multi-media packages can provide an effective, flexible and practical approach to the education and training of a diverse range of mental health professionals. Issues related to content development, production and dissemination will be highlighted as well as the capacity for these types of resources to improve clinical practice. Learning Objectives: 1. Participants will learn how advanced technology can be used to improve their knowledge and skills in psychiatric rehabilitation, recovery and mental health service delivery. 2. The presentation will show that multi-media packages can offer a flexible, effective and practical approach to provide education, training and information resources to a range of mental health professionals in urban, rural and remote regions.
S070 Poster Session  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
Poster: Peer Representation at an Auckland child and adolescent mental health service.  
Carlee Cowan  
Our poster will summarise our role as peer support representatives at the Kari Centre, in Auckland, New Zealand. This position was created over two years ago to provide consumer support, involvement and representation at this child and adolescent mental health service. Firstly our poster will explain our position such as the reasons behind the creation of the role and the criteria for the position. Our poster will then outline the tasks to date including speaking at a mental health conference, involvement with groups) at the Kari Centre, conducting a client survey, being guest speakers at Auckland University, and supervising on a holiday programme. The poster will include details of our current activities such as a bimonthly newsletter, monthly social group and the development of a youth consumer based website. Finally, our poster will highlight future initiatives including the potential development of a consumer forum within the existing social group, contribution to strategic planning at the Kari Centre, and the possible establishment of a peer support network.

S070 Poster Session  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
Poster: Consumer and Carer Information Project: A process of consultation in developing information for consumers and carers of Princess Alexandra Hospital and District Mental Health Service.  
Marina Roberts  
The aim of the project was to identify the information needs of consumers and carers and develop a range of information materials to improve the service response to these needs. Consultation was undertaken with staff, consumers, carers and external organisations including transcultural, indigenous, consumer and carer organisations. Needs were identified, ideas generated and prioritised. A reference group was established to process this information and facilitate ongoing feedback between the representative groups. As part of a range of information materials, it was decided to produce a key document to provide an overview of the mental health service for consumers and carers. This booklet, A guide to your Mental Health Service, will be on display as a work in progress - see attached file. Learning Objectives 1. Create the opportunity to discuss ideas regarding the process of developing, implementing and evaluating written consumer information. 2. Create the opportunity to discuss issues of access to services for minority groups (e.g. transcultural, low-literacy groups) and how information materials can best be developed to cater for these groups. 3. Inform participants about current service directions of Princess Alexandra Hospital and District Mental Health Service.

S070 Poster Session  
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer  
Poster: Working Better By Linking Together’ - New England Area Mental Health Promotion and Prevention Network  
Warren Issac  
The New England Area Health Service covers a large geographical rural area of 98,000 square kilometres in North West New South Wales. It includes 19 local government areas and is responsible for the health status of 175,208 people (1996 census). Communities range from large regional cities to tiny hamlets. The difficulties often associated with providing services across vast distances and diverse communities are being overcome through the activities of a network of mental health professionals that support and enhance the quality of mental health promotion and prevention initiatives across the Area. The role of the Network has developed since its initial inception in 1995. The Terms of Reference has expanded to include responsibility for: Prioritising, planning, implementing and evaluating Area wide and local initiatives, in partnership with identified individuals, groups and agencies, Addressing
professional development needs in relation to promotion and prevention in mental health, Establishing mechanisms for communicating about promotion and prevention in mental health issues. The projects of the Network, and its function, have attracted wide-interest and commendations. Outlines of innovative projects including the Images of Insight Art Project, Connect Suicide Prevention Package and Depression Spot Seek Solve will be provided. The integral role that the Network plays in the delivery of comprehensive Mental Health Services was validated by its recent inclusion as one of six key committees that make up the New England Health Quality Committee Framework. Learning Objectives: 1. Gain an understanding of the framework developed to support and enhance promotion and prevention in mental health across the New England Health Area. 2. The function of the Network is to bring together mental health professionals to enhance and support the delivery of mental health promotion and prevention initiatives across the New England Health Area. Promotion and prevention in mental health has been identified as a priority under the Second National Mental Health Plan (1998 - 2003).

S070 Poster Session
21/08/2002 From: 1330 To: 1500 Venue: Level 2 Foyer
Poster: Paying Attention To Self - An innovative statewide program for adolescents whose parents have a mental illness.
Danielle Forer
Paying Attention To Self - An innovative statewide program for adolescents whose parents have a mental illness. Paying Attention To Self (PATS) is a peer support program for young people aged 13 - 18 years who have a parent with a mental illness, coordinated by the Centre for Adolescent Health in Melbourne. PATS is an early intervention program aiming to prevent the development of mental health difficulties in young people who have been identified as being at increased risk. A key aspect of the program is the utilization of peer leaders (young people who have a parent with a mental illness) as co leaders in the program. The PATS reference group has a strong advocacy role, aiming to improve the situation for young people and families affected by parental mental illness. The PATS program is being disseminated in five locations across Victoria with funding from Vic Health, the Department of Human Services and Beyondblue. The five locations cover rural, inner city and suburban regions. An extensive process and outcome evaluation is being conducted exploring the key components which are necessary for establishing programs in different community settings, and identifying the impact of the program on young people and their families. The poster will outline the peer support model that is utilized in the PATS program. Particular attention will be given to the processes of community consultation, program dissemination and evaluation, which have commenced in establishing PATS in rural and urban settings.

S071 Psychiatrists in the System
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 2
Paper 20 Minutes: Influencing the College of Psychiatrists (RANZCP)!
Eli Rafalowicz Shirley Wilton Elspeth Macdonald Helen Herrman
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the professional body which trains and reviews professional standards of psychiatrists, and works towards ongoing improvement in mental health services, research and community knowledge and support of people with mental illness. The RANZCP Board of Professional and Community Relations was created six years ago, to facilitate communication and consultation with consumers and carers, other health professionals and other community stakeholders. This workshop will comprise three sections. First, a brief overview of the Board, allowing the audience to know the range of stakeholders actively involved in consultation and to identify keypoints of contact with the college. The other two sections will each focus on an area of work by Committees of the Board. The Professional Liaison Committee (Australia) has prepared guidelines on ‘The psychiatrist as a team member’. The paper will be distributed earlier, and briefly introduced in the session, followed by time for comment and feedback by the audience. The Community Liaison committee (Australia) has prepared a draft Australian
version of a New Zealand document, 'Guidance notes for individual families of mental health consumers in care, assessment and treatment processes'. This has been well received in New Zealand, and we wish to further the consultation process about the Australian version. The draft document will be distributed and briefly introduced, leaving much of the time for audience comment and feedback. Learning Objectives: 1. This session will allow the audience to become familiar with and contribute to some of the work of psychiatrists, professional body. 2. Consumer, carers and other mental health professionals will understand and be able to use access points to the RANZCP.

S071 Psychiatrists in the System  
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 2  
Paper 20 Minutes: An innovative leadership development program  
Wendy Fromhold  
The aim of this presentation is to provide an overview of an innovative approach to leadership development that has been undertaken with the Psychiatrists in a specialist mental health service. Consultant Psychiatrists are increasingly required to take up organisational leadership in addition to providing clinical leadership within services, without having access to specific training in these skills. At the Werribee Mercy Mental Health Program (WMMHP), a program has been designed to support the development of flexible and effective leadership skills within this group of specialist clinicians. The program aims to: Increase knowledge and understanding about organisational leadership, Develop a shared understanding of the scope of the Psychiatrist role in the provision of leadership in mental health programs, Provide a mutually supportive forum where Psychiatrists can explore how to take up and develop leadership roles within the organisation, and how to address the personal and organisational challenges in doing this. Rather than relying on the 'expert model' that is familiar in medical teaching programs, the theoretical underpinnings of this program include a combination of organisational theory, psychodynamic theory (in relation to organisational dynamics) and groupwork theory. This presentation will discuss how this approach is put into practice and constructed to provide a flexible and supportive learning environment to development leadership skills. Learning objectives: 1. From this presentation, the audience will learn about an innovative approach to developing leadership skills within mental health clinicians, which may be replicated in their own services. 2. This presentation focuses on the topic of workforce training, specifically in the area of leadership development. This topic is of high importance in the mental health field, as the effective leadership of mental health organisations is essential if they are to deliver high quality, flexible and collaborative services in a complex and changing health care environment.

S071 Psychiatrists in the System  
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 2  
Paper 20 Minutes: Psychiatry in the 21 Century - A Consumer Focus  
Craig Patterson  
Change in the health sector will continue to occur and will increasingly impact upon psychiatrists individually and collectively. In this environment change is not the variable. The variable is whether psychiatrists individually are involved in designing, implementing and directing change which will impact upon their clinical environment. Such involvement is not a given. This reality means that psychiatrists and their organisations must understand the systems that they operate in. They must understand the evidence and experience related to health policy options and the costs and benefits associated with such options. Most fundamentally, new partnerships will need to be formed between organisations that share concerns about health systems developments. Psychiatrists and their organisations must embed their activities in the legitimate aspirations of the community. It is no longer sufficient for psychiatrists to rage against change without offering solutions that are supported and understood by the community. Psychiatrists must communicate to the community through key consumer organisations their clinical, ethical and practical concerns about issues such as managed care to enable medical and consumer collaborations to develop which ensure such
'reforms' do not occur. Going it alone is a flawed and politically naive strategy that reinforces the perception that psychiatrists are isolated and self interested. This paper will discuss the processes required to develop these new partnerships and the better health and social policy outcomes that can be expected as a result.

**S072 Training & Systems Issues for Mental Illness & Substance Use**

**21/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 1**

**Paper 20 Minutes: Co-occurring mental illness and substance abuse: Review of pathway of care in services for mental health and substance abuse client groups.**

Sue Robinson  Duanne Pennebaker  Allen Gomes

Persons with co-occurring mental illness and substance abuse problems experience greater levels of incarceration, social dysfunction and poorer functional prognoses than persons affected by only one of these conditions. The aim of this research was to examine current practices in assessment, treatment and referral for persons with co-occurring mental illness and substance abuse problems. A case-note review of 79 individuals identified in the Department of Health, Western Australia's Mental Health Information register as having attended both mental health and substance abuse treatment services between 1995 and 1997, was undertaken. The pathway of care from referral into the service, assessment and diagnosis, treatment and referral at the completion of treatment was reviewed at both a mental health and substance abuse treatment service for each of the 79 selected individuals. The case note review yielded important findings. The case-note review indicated that both mental health and substance abuse sectors were inadequately assessing and treating persons with both conditions. Referral processes and follow-up were also poor. The result being frequent acute in-patient admissions for affected persons, with high social and economic costs for the community. The present system of care for persons with co-occurring mental illness and substance abuse problems is based on a sequential model, which from a rehabilitation perspective, is demonstrably inferior to integrated service delivery. Recommendations for strategic capacity development in health and other public sectors are discussed.

**Learning Objectives**

1. At the completion of the paper the audience will be able to discuss current assessment, diagnosis and treatment service problems for individuals with co-occurring mental health and substance abuse problems.

2. At the completion of the paper the audience will be able to discuss strategies to improve services to clients with co-occurring mental health and substance abuse problems.

**S072 Training & Systems Issues for Mental Illness & Substance Use**

**21/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 1**

**Paper 20 Minutes: Up-skilling clinicians to work with severe mental illness and substance abuse. A cross-service training initiative.**

Allen Gomes  Duanne Pennebaker  Sue Helgott  Steven Allsop  Tony Mander

Persons with both severe mental illness and substance dependence problems experience significantly poorer treatment outcomes, than those with just one of these conditions. Recent clinical reviews in Western Australia have found that many clinicians in mental health and substance abuse treatment services lack the knowledge and skills to assess and treat these individuals. The aim of presentation is to report the outcome of a collaboration between clinical staff from Next Step Specialist Drug and Alcohol Service and the Inner City Mental Health Service to address this shortfall. The inter-service training program commenced with clinicians experienced in substance abuse providing five training days to mental health clinicians, and then vice versa. The second phase of the training involved the placement of clinicians interested in further developing their skills in the corresponding agency. Evaluation forms completed anonymously by clinical staff indicated that the training program was useful and significantly increased their knowledge, competence and competence in working in this area. A further benefit of such a training arrangement was the development of professional networks between these sectors. The progress and further potential of the program are discussed as are the possibilities for other public services dealing with this clinical population.

**Learning objectives:**

1. The audience will gain an appreciation of the issues and benefits
associated with developing cross sector training programs across health sectors. 2. The topic is relevant to senior clinicians and service managers and policy makers concerned with up-skilling their clinical staff and developing cross sector networks.

**S072 Training & Systems Issues for Mental Illness & Substance Use**  
**21/08/2002 From: 1530 To: 1700 Venue: Harbourside Auditorium 1**  
**Paper 20 Minutes: Dual Diagnosis: across the great divide**  
**Michael Cole**

Dual Diagnosis Requiring Duality of Skills  
**Aims**  
1. To implement the framework of the Northern Nexus Dual Diagnosis Service within a clinical setting.  
2. To promote evidence based practise.  
3. To promote an integrated approach for managing dual diagnosis.  

**Concluding statement**  
Psychiatric care is now largely being delivered within a community setting. With an increased availability of illicit substances, the likelihood of clients encountering them is increased. Indeed, some of the symptoms of mental illness are themselves risk factors for developing problematic substance use. The dynamics of mental illness and problematic substance use can significantly impact treatment outcomes. To treat one and not the other will influence relapse of the treated disorder by the untreated disorder.  

**Learning Objectives:**  
1. The audience will learn about the process of assessment for clients who experience concurrent psychiatric illness and problematic substance use.  
2. The audience will gain an understanding of the strategies and interventions utilized in the management of clients who experience concurrent psychiatric illness and problematic substance use.

**S073 Designing a Consumer - Carer Network**  
**21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 2**  
**Workshop 1.5 Hrs: How do you design a consumer and carer network?**

**Douglas Holmes  Jodie Brown  Joan Wakefield**

This paper is presented by members of NSW CAG. The emergence of consumer and carer participation has created unique challenges for mental health services particularly in relation to quality, outcomes and how consumer and carer participation is reported to the relevant funding bodies. 'One of the most striking discoveries of companies in the past twenty years is the power that comes from enabling all employees to become involved in quality control and improvement. It seems obvious that assuring and improving in quality cannot be made the job of any single department, but for years companies (and health organisation) tried to do just that. Organizations are now using increasingly innovative ways to encourage and capture ideas from all employees, not just managers’ U.S. Presidents Advisory Commission (Chapt 12, page 9)  

States and Territories are required under the Commonwealth contracts for Mental Health Information Development (MHIDP) funding, to report on progress towards implementing Consumer and Carer participation.  

**Prerequisite:**  
An interest in consumer & carer participation for Mental Health Services, A commitment to the Second National Mental Health Plan. The New South Wales Consumer Advisory Group - Mental Health inc (NSW CAG) is an incorporated body that provides an ongoing mechanism for consumer and carer input into mental health policy, service development, implementation and evaluation. NSW CAG has 15 representatives who reflect the focus of the second National Mental Health Plan. Membership consists of people who have used public or private mental health services, people with personal experience of mental health problems or people who are family members or carers of a person with a mental illness.  

The criteria for membership come from the national guidelines for Consumer Advisory Groups and the current needs of the group. This initiative is called NETWORK NSW. NSW CAG MISSION is to: Provide independent representation and a strong, informed voice for the diversity of consumers and carers in NSW in all policy and service development, implementation and evaluation; Ensure empowerment of consumers and carers through education across all sectors of the community; Articulate and defend the rights of consumers and carers; Work in partnership with all stakeholders in mental health; Achieve best practice in mental health care for all. By attending this workshop delegates will gain an understanding of how mental health consumers and carers in NSW have overcome some of the difficulties involved in developing a network across 17 Area.
Health Services. Delegates will have the opportunity to be involved in small group discussion around some of the issues in developing a network. Learning Objectives: 1. An understanding of the history & development of NSW Consumer Advisory Group - Mental Health Inc. Outline the processes used by NSW CAG to develop NETWORK NSW 2. States and Territories are required under the Commonwealth contracts for Mental Health Information Development (MHIDP) funding, to report on progress towards implementing Consumer and Carer participation.

**S074 Transformations & Innovations**
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 3  
**Paper 20 Minutes: Te Ao Marama: The Transformative Journey Towards the Light**  
*Helen Brownlie Te Pua Winiata Barry Bublitz*

In the current environment of risk management, auditing and efficiency drives, Maori Services are required to produce models that give them credibility in both the Maori world and the world of Psychiatry. This paper describes a synthesised model and highlights some of the challenges faced in shifting psychiatry driven kaupapa services to kaupapa driven psychiatry.  

Seek out the distant horizons And cherish those you attain.  
W.R. Metekingi Ko te pae tawhiti Whaia kia tata Ko te pae tata Whakamaua kia tina Psychiatry has had enough time to prove it's effectiveness for our people in the absence of connectedness with spirit, earth, sky, and family. It is time for the sector and professionals to sit in the silence of reflection and absorb and learn from the primordial knowing of the people who came before. Learning Objectives: 1. Greater understanding of Maori concepts of mental wellness. Understand complexity of melding psychiatry into indigenous healing 2. Given the aspirations of indigenous peoples in Australasia, melding psychiatry into indigenous healing in mental health is a high priority.

**S074 Transformations & Innovations**
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 3  
**Paper 20 Minutes: The Tale of the Village People**  
*David Lui Valita Partsch*

Aim: To highlight and discuss issues of concern for indigenous people and the impact of their health. In particular issues concerning pacific people living in New Zealand. Indigenous people view health in very a holistic sense where a person is in tune with his or her environment. There is an equal emphasis on physical, spiritual and mental aspects of a person. Pacific People living in New Zealand are faced with variety of issues which are very different to the values, beliefs and social structures that they were exposed to in the islands. Traditional values and beliefs are not acknowledged or taken into account by clinicians resulting in misdiagnosis is just one example of the issues that will be discussed in the paper. These and other factors have impacted on pacific people's mental health. The paper will not only discuss the issues but suggest solutions to some of these problems. Learning Objectives: 1. The audience will learn of some of the key issues faced by pacific people in New Zealand such as discrimination, view of health, traditional healing, language and culture, risk assessment and management, workforce development. 2. The audience will gain insight and understanding of how these issues affect pacific peoples mental health and contribute to the negative health statistics and possible misdiagnosis. Lack of acknowledgement and understanding of a person's culture and perspective can result in misdiagnosis and inappropriate treatment.

**S074 Transformations & Innovations**
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 3  
**Paper 20 Minutes: Te Tuakiri O Te Tangata (The Identity of Man)**  
*Menetta Te Aonui*

The Tuakiri Model was first presented to Te Whare Marie (Maori Mental Health) Porirua Wellington in 1999. The Te Whare Marie team then further developed the model for use in their work. The presenter of this paper has applied this model to her work with Wellington.
Early Intervention Service clients. This presentation provides information about the model and how it works. The presenter will describe how she has used this model with Early Intervention Service clients and their families. She has also used this model as the basis of a group, which will be discussed. Te Tuakiri draws on client's creativity using art as a way of building a therapeutic relationship and understanding the clients needs. Examples of this artwork will be shown and discussed as part of this presentation. Issues of identity are of vital importance in young people with mental illness. Te Tuakiri model provides an alternative framework to explore issues of identity as part of the therapeutic process.

Learning Objectives: 1. The audience will learn an alternative way of working with young people on their issues, through a model utilising art and culture. 2. This model is being used in groupwork, with individuals and families in the mental health service.

S075 Older People's Mental Health
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Activity without a goal or purpose is not therapy.
Julie Rowse  Terry Gleeson
Activities are used as a medium to facilitate therapeutic outcomes in rehabilitation. Therapeutic outcomes include the development of social skills, improving one's physical or mental wellbeing, skill acquisition such as daily living skills or literacy skills, and many others. Steele Haughton Extended Care Unit is a psychogeriatric nursing home under Grampians Psychiatric Services, Ballarat Health Services. Steele Haughton Unit is a fourteen bed unit for persons aged over sixty five who have a serious mental illness. These residents also have numerous physical issues typical of the aged population. The activity program at Steele Haughton Unit previously included social activities to occupy residents' time. However, the Commonwealth Department of Health and Aged Care Standards clearly tell us that activities are not sufficient, they need to be justified and therapeutic. To promote optimal mental and physical health activities need to be well planned to ensure they have a goal and purpose. Steele Haughton Unit has explored the program it offers and now activities are specifically designed to meet residents' goals. This paper aims to demonstrate the importance of therapeutic activities to promote mental and physical health as well as outlining the method used to evaluate and re-structure the existing program. Learning Objectives: 1. To demonstrate the importance of goal directed activity to achieve therapeutic outcomes in mental health. 2. To encourage other clinicians to consider how they use activity currently and how they could optimise the use of activities in the future.

S075 Older People's Mental Health
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Intensive Outreach Program. 'A New Initiative'
Kim O'Brien
The Intensive Outreach Program commenced operation in September 2000 as a new initiative funded by the Department of Human Services. The program provides care and support to people aged over sixty five, with a mental illness, who have persistent psychiatric symptoms, challenging behavior and or complex needs placing them at risk of homelessness or who are homeless as a result of the aforementioned, across the Grampians region. This paper will highlight the development of the program which aims to assist the target group in maintaining safe and appropriate housing and connectedness to services and the greater community. This is done via assertive outreach and intensive support to target and meet the needs of this client group. Maintaining stable accommodation with chronic psychiatric symptomatology and deteriorating physical health impacts to increase their risk of homelessness or the ability to attain services and accommodation if already homeless. Data and anecdotal evidence will be presented to demonstrate the effectiveness of this type of program, with particular relevance to the issues facing a rural health service. In the past physical health in the community has been met via these means but until recently mental health has not. 'There's no health without mental health'. Learning Objectives: 1. People attending will gain valuable insight into the program delivery in a rural setting, the client
target group and the issues and complex needs unique to this group, and also the resources that are available to assist them. 2. The relevance of this topic to mental health services and mental health issues is that mental illness does not cease at 65.

S075 Older People's Mental Health
21/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Psychiatric Disability - The Hidden Face of Ageing
Krishna Jones
Working with older people with a psychiatric disability can provide unique challenges. Any measure of best practice must acknowledge that this group of people has special characteristics and may have care needs outside those of the general ageing population. In recognition of this and in light of limited research, Prahran Mission initiated a research project titled Older People Living with a Psychiatric Disability - Improving Service Responses. This paper will present the outcomes and recommendations of this research including: - identifying the characteristics of this group - identifying the challenges and features of effective service provision within a Community Care Package model - Identifying future directions. Learning objectives 1. Audience members will learn: - The profile and characteristics of older people living with a Psych disability as identified by the research. - How the Prahran Mission Aged care program delivers service through Community Care Packages to encompass these characteristics to work towards a best practice model. - The recommendations that have been made to develop and offer better access to support services tailored to this target group. 2. We can expect in future years a rise in our ageing population. It makes sense then to also expect an increase in the percentage of older people with a psychiatric disability that will be accessing Community Care Packages and other generic support services. Such services will need to recognise this group as having specific support requirements to be able to develop programs or build on existing services to meet the need. The report suggests that ‘unless more concerted attention is focussed by government and service providers on meeting the needs of this group, they will continue to experience inequality, discrimination and receive inappropriate and inadequate support compared to other older people’. (Older People Living With A Psychiatric Disability - Improving Service Responses 2001).

S076 Ensuring Quality
21/08/2002  From: 1530 To: 1700  Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Early Intervention for Psychosis What are we doing differently? The process and outcome of a medical record audit
Jo Gorrell  Alison Cornish  Louise Nash  Alan Rosen  Chris Tennant  Diana McKay  Bev Moss
(a) Objectives. A medical record audit was conducted in order to examine the extent to which our newly developed early psychosis services were adhering to local and national clinical guidelines. (b) Methods. The records of all clients entering our services during a 6 month period in 1997 (prior to the development of specific early psychosis services) were compared with those who presented in 1999 (when guidelines were in place). The comprehensive audit tool examined several aspects of service provision in the first year of treatment (including assessment, community care, prescribing practices, family work, psychological intervention and in-patient care). (c) Results. Several expected changes, particularly in prescribing practices, were observed. Some other aspects of care, for example comprehensive assessment, did not show significant change. (d) Conclusions. Our early psychosis services have been fairly successful in providing guidelines concordant care. Medical record audit was found to be a useful method for measuring changes in service provision and in informing further service developments. Learning objectives: 1. Benefits of using file audit to measure change in service provision. What are early psychosis teams really doing differently? 2. Relevant to services trying to evaluate their efforts in implementing clinical guidelines for early psychosis or any aspect of service provision.
S076 Ensuring Quality
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: In-Depth External Review - Recognition of Reform
Peter Kelsey
The Toowoomba Health Service District Mental Health Service (THSDMHS) delivers Acute inpatient (57 beds) and Community services to Toowoomba and its surrounds, and services to the District Network which includes five Health Service Districts with a population of nearly 275,000. This THSDMHS also provides extended services to over 200 consumers in the five mental health program areas and to program area of intellectual disability. The consumers using mental health program area specialist services are referred from an extensive catchment area including Health Districts from Charleville to Rockhampton. Queensland Health within its service agreements to Health Service Districts has included an expectation that all MHS undertake an external mental health specific in-depth review before 2003. In 2000, the Toowoomba Health Service District Mental Health Service undertook the in-depth review as part of the district wide accreditation review by Australian Council on HealthCare Standards. This MHS in-depth review was one of the first undertaken in Australia. The review was undertaken by a Consumer and a Mental Health Professional over a period of 3 days. The MHS received a number of commendations and also received recommendations - an opportunity for quality improvement and defining future direction. Review of action taken against each recommendation indicates that the MHS is providing a more consumer focussed, coordinated and integrated service. Learning Objectives 1. 'What will people in the audience gain or learn from attending this presentation'. Participants will gain an understanding the in-depth review process. Descriptions of information that is required by the surveyors, evidence that substantiates self assessment which used the Tools for Reviewing Australian Mental Health Services (TRAMHS), expectations of the surveyors and the process of the site review is presented. Participants will gain an understanding of the benefits to a mental health organisation of using the National Standards for Mental Health Services as a tool for review of service provision. 2. 'How is this topic/issue relevant to mental health services and mental health issues' All Mental Health Services are expected to undertake an in-depth review by a panel of reviewers, one of whom is a consumer of Mental Health Services. The in-depth review includes surveyor audit of practice against the National Standards for Mental Health Services, consultation with consumers, carers and staff and review of documentation. The presenter will discuss strategies that have occurred to meet the recommendations from the review but also will outline the commendations that were received by the surveyors.

S076 Ensuring Quality
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Consumers as Mental Health Service Auditors
Aloma Parker
Mental health services are increasingly striving for partnership. Funders, agencies and services have begun involving people accessing mental health services in planning, policy-making and review of services. Funders and consumers also have an expectation that people accessing mental health services, as major stakeholders, will participate in the evaluation and auditing of these services. Since 1997 Standards and Monitoring Services (SAMS) teams have audited 175 mental health residential rehabilitation services in New Zealand. More than seventy per cent of these audit team members have been people accessing mental health services. The training programme for team members involves 150 hours of instruction and supervision. It includes training in the processes and protocols of evaluation, communication, interviewing skills, evidence-based decision-making and reporting. After a period of supervised experience team members are accredited. This paper presents some highlights and lessons learned from these five years experience of using trained and accredited consumers as team members in mental health service audits. Learning Objectives 1. This presentation will outline the consumer training programme for auditing mental health services, and describe how the outcome of an audit is enhanced by their involvement. 2. Funders and consumers expect people accessing mental health services to be involved as
major stakeholders at all levels of service delivery, including the audit process. Until now, very little information has been available on the success of this procedure, and training opportunities for consumers in this field have been limited.

**S077 Brief Papers: Focus on Personal Stories & Experiences**  
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6  
**Brief Papers 10 minutes: The Mental Health Art alliance - a collaboration**  
**Dianne Tarrant**

The Mental Health Art Alliance was established in 1998 to provide artistic opportunities to mental health consumers, in Hamilton. The 'Alliance' has provided an art exhibition of stature every year for the last 4 years, coinciding with mental health awareness week. The purpose being to both promote the gifts and talents of these members of our community, and also to take an opportunity to de-stigmatise mental illness using a public forum to do so. Joint venture partners established to plan the exhibition in 2002 are: Health Waikato, Richmond Fellowship, Pathways Trust, SF Waikato, Malcolm House, Mahi Tahi, Be With Us (BUS) and New Progress Enterprises (NPE) and the planning committee is comprised of consumers, staff and family members. The exhibition is valued and acknowledged by the local community and has grown in magnitude each year, the last two exhibitions have seen increasing public attendance, and interest from local media (newspaper and television coverage). Annually membership to the 'Alliance' is reopened for new joint venture partners, ensuring good access for all services and consumers to this forum. The spin off for mental health service providers have been in the development of more collaborative, informal relationships between our services. Learning Objectives: 1. The audience will learn about a positive development for mental health services in Hamilton city. The development of a multi-partner joint venture, has been beneficial to all services involved and is providing a showcase for the talents of people involved in our services (clients, staff and family members) and has fostered more collaborative working relationships for those involved. The challenges of working in a multi-partner joint venture have been exciting and have facilitated the growth of a popular local exhibition, with high quality art, and acknowledgement/recognition for our talented artists. The planning of the exhibition to co-incide with Mental Health awareness week has meant we have taken multiple opportunities to de-stigmatise mental illness in the community our artists belong to. Several of our artists have been interviewed on local television and in the newspaper and being acknowledged for their contribution to the cultural life of Hamilton city. 2. Multi-partner joint ventures can be minefields of complications, all parties within the Alliance have needing to work constructively together towards a common end. The development of this ongoing relationship has had positive spin-offs for the organisations involved as well as positive outcomes for our service users. We will share the processes we have developed as we have constructed this joint venture and many of the accommodations we have made along the way. The opportunity to de-stigmatise mental illness within the general community provides an opportunity to present the talents/strengths of our consumers in a way that is positive and constructive for them and the wider community.

**S077 Brief Papers: Focus on Personal Stories & Experiences**  
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6  
**Brief Papers 10 minutes: Postgraduate Training for the Mental Health Workforce: a university and employer partnership model**  
**Robert King Donna Ward**

Education and training of the mental health workforce has been identified as a key objective under the National Mental Health Strategy. However, evaluation of the Strategy revealed training and education to be an area of under-achievement. From 1996 to 2001, Queensland Health provided funding to the University of Queensland to assist with provision of Postgraduate programs in Mental Health. This funding was provided in the context of a major shift in the professional workforce from institutional to community based care. Specifications included distance education and a range of course options for different sectors
of the workforce. This resulted in development of an educational model and curriculum with a high degree of flexibility that was highly rated for content and relevance in two external evaluations. The program achieved a high level of workforce penetration, not so much through enrolments and graduations, which were modest, but rather through participation in associated training workshops, which was very high. In 2002, Queensland Health and the University of Queensland decided to develop a formal partnership to deliver these courses through the School of Mental Health at Wolston Park Hospital. This appears to have had marked success in increasing enrolment through increased direct linkages to mental health services and financial and study support to students. This paper will provide an overview of the academic program structure and associated workshop programs and a synopsis of the service delivery model developed between Queensland Health and the University of Queensland. Learning Objectives: 1. Participants can expect to develop knowledge of the core objectives of postgraduate education for the mental health workforce and an understanding of the major challenges involved in providing worthwhile learning experiences for a multidisciplinary workforce. Participants will also learn about a new and innovative partnership between an academic institution and a workforce employer in delivery of professional education. 2. The paper is relevant to mental health services because training and education of the professional workforce is central to quality service provision.

S077 Brief Papers: Focus on Personal Stories & Experiences
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: The Use of the Creative Arts as Therapy in Acute Psychiatry - Consumers' Experiences
Judith Curtis
The aim is of this paper is to describe the experiences of consumers and satisfaction with the expressive/creative arts as therapy in acute psychiatry. Research was undertaken in the acute psychiatric unit of a large general hospital in Sydney, Australia. The purpose of the research was to explore the clinical reasoning processes of occupational therapists using the creative arts and resultant consumers' experiences. The focus of this paper is the consumers' experiences. A qualitative approach was undertaken using participant, selected observation, informal discussion and in depth interviews with both occupational therapists and consumers. The expressive/creative arts comprised a wide range of media and materials, in group and individual treatments. The consumers recognised how the various arts activities helped to retain an identity even when sick, to cope with their time in hospital. When psychotic or acutely disturbed, the creative arts helped ground them in reality 'gave me feedback I still knew what was real'. An important finding was the consumers identifying the therapists' abilities to understand their experiences and select appropriate intervention strategies, essential to facilitating a therapeutic outcome. Their illness was a time of 'darkness' and feeling unsafe. Many patients needing to be in a place of 'light', seen as the creative arts room, being a calm place, helping them feel safe. The creative arts media enabled the expression of feelings, energy and tension in constructive ways rather than negative ways. The creative arts enabled them 'to express my feelings and thoughts non-verbally', and addressed their social needs. These findings highlight how this therapeutic modality can be used. The significance of the therapeutic value of the creative arts was seen in the consumers' responses.

S077 Brief Papers: Focus on Personal Stories & Experiences
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: 'Massage does not discriminate, it allows people to be in their own space through the power of touch'
Ron Collinson
The benefits of therapeutic touch and massage have been well documented by the ancient Egyptians, Greeks, and Romans for the last 4000 years. This is a testimony to the importance of touch and massage. Prahran Mission Open House run workshops on Massage with our consumers, people with a psychiatric disability. The workshops aim to decrease individual...
social isolation issues and depression, increase self-esteem, and minimise mental and physical stress factors through use of relaxation, and massage techniques. This is achieved by small group workshops consisting of no more then eight individuals and co-facilitated by one male and one female. The participants are guided through an initial twenty-minute group meditation session, in order to assist with relaxation, followed by an educational session on hand, foot, and shoulder massage, demonstrating passive gentle movements techniques. As facilitators, one needs to be sensitive to the participants and gender equity. Each member of the workshop is teamed up with another that they feel comfortable with to practice these techniques. At completion of the massage component, the facilitators invite and encourage discussion in order for the participants to verbalise their thoughts and feelings, which encourages a time for sharing and reflection of their experience. The focus of the paper will be to enhance and communicate the importance and role of complementary therapies in psychiatric rehabilitation. The practical applications will be conveyed through discussion of the workshops provided at Open House, as described above. At Open House we believe in social justice, freedom of expression and encouragement of consumers. Massage, I believe embraces this philosophy. Learning Objectives: 1. Complementary therapies such as massage plays an important role alongside western medicine in the rehabilitation of people with psychiatric disability. The audience will learn the role and value of massage in helping people with a mental illness explore, experience and reconnect with feelings and sensations that are often foreign to them. 2. I believe that nurturing healthy touch (massage) is a primal human need. Also, in the early stages of childhood development, (up to the age of approximately ten years old), children's concepts of touch can be tarnished, even destroyed through physical and emotional neglect and to the other extreme, physical and sexual abuse. Further people with a mental illness can experience isolation, suppression through the authoritative approaches in some psychiatric institutions. The mental health model of treatment does not encourage touch and hence can polarise isolation, depression, mental and physical shutdown, lack of self-confidence and assertiveness. This can be compounded by medication. From my professional experience, people with mental illness are often starving for physical touch and lack the skills to ask for the fulfillment of these basic human needs.

**S077 Brief Papers: Focus on Personal Stories & Experiences**

**21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6**

Brief Papers 10 minutes: Challenging the Communication Barriers to Improve Treatment Outcomes.

**Sarah Porter**

This presentation examines some of the communication difficulties that can arise in the clinical setting. Many consumers/tangata whenua find it extremely difficult the get their views and experiences understood or accepted by clinical staff. The reasons for this are many and varied. Most if not all clinicians have had some experience of being misled, deceived or lied to. Indeed the environment of compulsory treatment and confinement coupled with the power imbalance inherent in the clinician/patient relationship doesn't lend itself to people feeling safe enough to be open and forthright with clinicians. It is reasonable under the circumstances, for clinicians to be cautious about how much to accept of what their clients say. This is especially so when often the legal weight of responsibility for client's actions rests with the responsible clinician which in effect may act as a disincentive to their giving people the benefit of the doubt or trusting them to follow through on agreed goals. However if the clinician can't or won't hear what a person is trying to tell them there is little hope of eliciting the trust and cooperation necessary for positive treatment outcomes. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? That the quality of the communication in the therapeutic relationship profoundly influences treatment outcomes 2. How is this topic relevant to mental health services and mental health issues? This paper will highlight some of the issues that currently preclude effective communication and consequently impede the recovery of some service users.
Laura McIntyre

My illness spans twenty years but I will focus on my recovery from psychosis with my illness being in remission after seven years and how I am maintaining my wellness. Moving to supported accommodation at Pathways in 1983 after my first long admission to hospital in psychosis proved very beneficial. I was at level three care in a 24 hour, day and night care complex for six years and I learnt how to manage my illness. In the earlier stages of psychosis. I suffered mood swings, elation and depression, hallucinations, voices, delusions, paranoia, anxiety and bizarre psychotic episodes with many months out of reality.

Community mental health is the organisation where I see my Psychiatrist and nurse regularly for the management of my medication. Support for Independence workers provide excellent support. My most successful method for coping with voices and depression is walking in a rural area because it lifts my moods and gives me an outward focus. Hallucinations can be very troublesome. I pull a blind down on them. My anxiety is still very much a challenge. I use self talk, keeping a diary and being communicative is healthy. Natural strategies can prove effective with practice.

**Learning Objectives**
1. The audience will learn that although consumers should take prescribed medication there are many natural methods to ease symptoms. This may mean less medication is needed. When this occurs growth and development begin. In my case it led to employment.
2. When consumers are on a minimum of medication they then make progress. Your hope, strength and self determination increases and can lead to employment, training and consumers skills and artistic talent are used to optimum potential. I strongly believe this increases wellness and enables consumers to live more fulfilling lives.

Johanna Leonhardsberger

This narrative describes the journey to recovery taken over the last fourteen years since I was first diagnosed with mental illness. Initially I was diagnosed with schizophrenia but correctly diagnosed with bipolar disorder three years later. It took me eight years since the initial diagnosis to accept that I had a mental illness and fourteen years to go through the entire grief process. Once I accepted that I had a mental illness these are the steps I took to recover:

- Know the five stages of the grief process
- Comply with medication
- Find a good psychiatrist
- Have a good case manager
- Stable housing / income
- Good support network
- ‘Getting out of debt’ plan
- Daily / weekly / yearly plans
- Know your early warning signs
- Self help - Research illness / personal and spiritual growth

In the first eight years since the initial diagnosis was made approximately every two years I was back in hospital for three to six months with a major episode of either mania or depression with psychosis. I have been recovering now for six years and have managed to keep out of hospital for that time, with only a couple of overnight stays. I feel I am over the worst of the illness. I am in the reconciliation stage of the grief process. From here on in things can only get better.

Kevin Sullivan      Steve Richards

The Clusterers Bike Club is one of the largest and most successful bicycle clubs in Geelong, Victoria. It is four years old and has more than 80 members. It's a bit different from other bike clubs in that it developed around a group of people who have personal or close experience of mental illness. Since 1998, the Club has participated in three Murray to Moynne Cycling Relays, (520km in 24 hours), five Mental Health Week Rides, (organised each year by the
Club to celebrate Mental Health Week), and many other community rides. This paper describes the Clusterers Bicycle Club as an empowering and motivating model for creating opportunities for people with mental illness, and one which challenges traditional worker-client relationships. The paper also looks at the Club's structure and provides some analysis of why this model appears to be attractive to both people with mental illness and workers. The presentation will include a photographic display of the Club's activities. In combination, the paper and the visual display portray the experience and perspectives of members with mental illness, and members who are mental health workers. Learning Objectives: Delegates will learn: 1. About the process, challenges and rewards of developing an alternative model of working with people with mental illness which in the authors' view is empowering and motivating 2. An alternative way to view the relationship between people who use mental health services and those who work in them.

S077 Brief Papers: Focus on Personal Stories & Experiences
21/08/2002 From: 1530 To: 1700 Venue: Harbourside Meeting Room 6

Brief Papers 10 minutes: The Mental Health Consumer Movement in Western Australia
Ann McFadyen
The Mental Health Advocacy Project (MHCAP) began in June 1996 from a recommendation of the Ministerial Taskforce on Mental Heath. The project serves as a focus for consumer and service provider interest in mental health consumer participation and is currently supporting a data base of 210 consumers and 30 active government provider committees. The MHCAP provides training and support for consumers to equip them as consumer representatives, so they can confidently participate in consultations, act as consumer advocates and become members of advisory structures. Learning Objectives: 1. To give people attending TheMHS an understanding of current consumer movement developments in Western Australia in context with State Government Initiatives. 2. To specifically present a Showcase of the 'Mental Health Consumer Advocacy Programme', it's initiatives, an direction for the future.

S078 Mental & Physical Health
21/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 1

Paper 20 Minutes: 'Achieving the Balance: positive results in tackling medication related weight gain.'
Gemma Ferraretto  Anita Kenyon
This paper will be describing the award winning 'Achieving the Balance' project. The project has been recognized for its innovation as a program that has effectively tackled the issues of weight gain related to the use of psychiatric medication, the secondary health risks and the impact on mental health. The innovation includes the partnership between consumers, mental health service providers, community health services and dieticians who meet as an advisory committee to network and oversee initiatives of this project. A significant part of this project has included an exercise, education and nutrition program run at Club 84, where participant's physical health, self esteem and nutritional knowledge and practice was pre and post tested (using objective and subjective tools) and then repeated each 3 months. The results are demonstrating remarkable outcomes. These include improved knowledge about healthy nutrition and lifestyle choices, weight and measurement results (some participants losing up to 20 kgs), improved self esteem (as noted in the Rosenberg Self esteem scale), improved fitness, increased motivation and an improvement in their quality of life. This paper will describe the methods and results of this program as well as give an overview of initiatives taken by the advisory committee across the mental health services and local community. Achieving the Balance has been innovative for mental health services, as it has managed to consider not just medication, mental health or weight as separate issues, however has successfully combined them, demonstrating positive changes in participants health. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? Ø Information about the methods and results from the pre and post testing, demonstrating positive changes for the participants motivation, self esteem, weight and
measurements. Ø Strategies from the group process described such as the weekly programs including the 'hands on education', peer support, fitness and nutrition testing. Ø Participant's feedback about the major impact the program has had on their life. Ø Effectiveness of using a community participatory model in achieving long term and sustainable outcomes. 2. How is this topic/issue relevant to mental health services and mental health issues? Ø Weight gain from psychiatric medication has been noted by the literature as well as the consumers participating in this project as a major concern for several important reasons including: Ø Increase in secondary health risks such as diabetes, increased blood pressure and risk of cardiovascular disease. Ø Consumers are less likely to use medication and therefore impacts on mental health. Ø Consumers self esteem is impacted on due to changes in body shape, effecting body image and how people feel they are perceived by others and the stigma of society in relation to weight gain. Ø This program raises awareness for mental health services about an effective way of addressing the issues as well as gathering significant outcomes. Ø With the support of Eli Lilly grant, the mental health services are taking the initiative to provide a program that has become sustainable.

S078 Mental & Physical Health
21/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 1
Paper 20 Minutes: 'Lets Get Physical'
Jan Corbishley Tina Yianakis
Physical fitness and healthy nutrition are inextricably linked to good mental health. The pathway to mental recovery is enhanced by the sense of wellbeing achieved by physical fitness and good nutrition. People with a mental illness are at greater nutritional risk than the general population. In addition, nutrition and dietary habits as well as stamina and fitness play a major role in determining physical and mental health status and vulnerability to disease in later life. Thus Ryde Community Mental Health's Community Rehabilitation Team and CREATE team have evolved 'healthy lifestyle' programs specifically suited to the needs of mental health clients. Three areas of health are being concentrated on: nutrition and dietary information, fitness and quitting smoking. Support and fitness groups have been established: Healthy Eating, 'Aquarythmics' Yoga, and Quit Smoking with the emphasis on fun and the encouragement to attend all the groups that are applicable for their health needs. Issues being addressed include: amotivation; obesity related to illness and medication; learning difficulties related to mental illness; physical restrictions to exercise; transport; multidisciplinary teams; specific nutritional needs for people with a mental illness eg low fibre in fast foods, low income, excessive caffeine. There is no health without mental health or physical fitness and good nutrition. Learning Objectives: 1. The audience will learn that healthy lifestyle programs specifically tailored to the needs of mental health clients enhance and promote health recovery. 2. A holistic approach to mental health recovery enhances mental health, enhances quality of life, prevents long term physical degenerative disease eg diabetes.

S078 Mental & Physical Health
21/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 1
Paper 20 Minutes: Smoking Issues - Why Bother?
Janette James
Smoking is a major issue for many people with a mental illness. Too often supporting clients to reduce/quit has been put into the 'too hard basket'. This paper will look at how the Quit model has been developed in conjunction with SANE Australia to create a practical working model which is more appropriate for people with a mental illness. The paper will show how a cooperative relationship has developed between Second Story [Prahran Mission], SANE, Quit and GPs. It will provide a practical example of how a Melbourne-based Smoking Issues Support Group for people with mental illness has evolved over the last three years. Over 100 participants have accessed the Service discussing how they faced the challenge of addressing their smoking issues. Through a number of selected case studies, the paper will highlight the extent and nature of the problem for people with mental illness. The benefits and pitfalls of reduction and cessation will be discussed with pointers as to how to assist clients to take the
first steps. Innovative ways of assisting clients will be shared, such as psychodrama, action methods, problem solving and skills training as each person is supported to set their own goals. Explanation will be given about the present inequities with the Pharmaceutical Benefits Scheme, concerning the use of Nicotine Replacement Therapy and the unsuitability of Zyban for this client group. Research will be presented to demonstrate how the SANE/Quit model has comparable rates of success with this client group to the smoking population in general. Learning Objectives: 1. To demonstrate a practical working model which can assist smokers with a Mental Illness to take the first steps in changing their smoking behaviour. 2. To identify some innovative strategies to assist and support people to work towards an improved quality of physical and mental health.

S079 Innovative Programs
21/08/2002  From: 1530 To: 1700  Venue: Pyrmont Room 2
Paper 20 Minutes: Family Connections: A program for promoting consumer recovery and family resilience for first time admissions for mental illness
Duane Pennebaker  Rebecca Anderson  Jill Hawkins  Lyndy Hall
Family members and carers have been increasingly acknowledged as playing a key role in the consumer recovery process. However, it has been recognized that families dealing with a relative's first admission for mental illness would like more support and involvement in this recovery process. The Family Connections Program was developed to enable family members to deal with their own reactions to their relative's first admission to a psychiatric in-patient service. The aim of the Family Connections Program is to work in partnership with families to provide specific knowledge, information skills training, and support to meet the key family challenges that accompany a first admission. The Program was developed as a systematic psycho-educational intervention consisting of three individual family sessions and a group educational workshop. The Program utilizes resiliency theory as a way of framing and making sense of the family members' reactions to the crisis of their relative's admission. The evaluation of the intervention consists of block randomisation of participants into an intervention or control group. The control group receives normal services from the hospital. Family members in both groups are assessed at baseline, and then at three, six and twelve months using measures of burden, satisfaction with services, satisfaction with family functioning, daily hassles and major life events, resilience and coping styles, and the family environment. Family members also report on their relative's symptoms and general levels of psychosocial functioning. Recruitment into the Program began in July 2001. Learning Objectives 1. The audience will acquire information about evidence that supports best practice in working with families who have a member who has been admitted to an in-patient psychiatric service as relates to the literature and the preliminary findings from the program reported on here. 2. This paper is relevant to focusing on the family as a critical resource and aspect of recovery for consumers. It also points the need for mental health services to recognise the family as having unique needs which require addressing in realising the contributions families make to the recovery of loved ones from an episode of mental illness.

S079 Innovative Programs
21/08/2002  From: 1530 To: 1700  Venue: Pyrmont Room 2
Paper 20 Minutes: Fishing and Feelings in a Drug and Alcohol Relapse Prevention Program for Clients with a Dual Diagnosis.
Susan Hodgson  Tina Lace
Research indicates that 60% of clients with a mental health disorder also have a co-morbid substance misuse problem. These co-morbidity statistics are also mirrored in the client population of Alcohol and Other Drug services. Engagement of clients with a dual diagnosis in treatment programs is inherently difficult and has a high probability of relapse. Little is known about the critical elements of effective treatment of these clients. The 'Positive Changes' - relapse prevention program was developed in collaboration with a Drug Users Organisation and with the Mental Health Rehabilitation Service. The program was developed by Sus...
in response to a gap in services and absence of best practice guidelines. This specially designed program integrates elements of both psychiatric and substance misuse treatment. Providing an environment, which doesn't distinguish between having a mental health disorder and a drug misuse problem, reduces stigma whilst also provides an outreach opportunity to those clients who do not identify as having a mental health problem. A unique interactive and experiential framework, incorporating Gestalt therapy, life-skills training, leisure activities as well as traditional cognitive behavioural relapse prevention strategies was necessary to engage and retain this difficult client group. Design, implementation and evaluation into the effectiveness of this program will be discussed. Learning objectives: 1. How to combine creative processes in Gestalt therapy, leisure activities and traditional cognitive behaviour relapse prevention topics, to engage and retain participants with a dual diagnosis. 2. There is a high prevalence of clients with a dual diagnosis in both the Mental Health and Alcohol and other Drug services, and 'Positive Changes' presents an alternative integrative treatment model.

S079 Innovative Programs
21/08/2002 From: 1530 To: 1700 Venue: Pyrmont Room 2
Paper 20 Minutes: Innovation in the provision of Residential Rehabilitation
Amanda Challis Annette Stephens Efion Breese
SRRP - Specialist Residential Rehabilitation Program The SRRP (Specialist Residential Rehabilitation Support Program) was established in April 2001 as a key component of the specialist mental health services serving the Goulburn Valley Area Mental Health Service catchment area. SRRP is a unique venture because it brings together a working partnership with the strengths and expertise of the Goulburn Valley Area Mental Health Service and the Mental Illness Fellowship Victoria. Together, these organisations aim to provide a high quality and innovative program that enhances the quality of life and potential for mental health consumers in the Goulburn Valley area. SRRP is an integral component of the continuum of care in clinical mental health and psychiatric disability support service. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? Understanding of a new model of service delivery, with a sharing of consumer Care Plans between both organisations. Understanding of the strength in developing partnerships between PDSS and Clinical sectors 2. How is this topic/issue relevant to mental health services and mental health issues? This program brings together the skills and expertise of the Clinical and Psychiatric Disability Support Sectors, in providing specialist rehabilitation support to a specific client group. The program targets consumers with serious mental health issues and associated disabilities having frequent or extended hospital admissions with little or no compliance with interventions to date. Client group is usually highly dependent on carers.

S080 Recovering from Mental Illness
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 1
Workshop 1.5 Hrs: Recovery from mental illness: Facilitating and supporting the self-directed recovery process in a person with a mental illness
Vivienne Miller Vivian Jarrett V Kalyanasundaram Jane Lumley Wendy Smith
Mental Health care is approaching an exciting stage of development. This is due to the belated but remarkable understanding that a diagnosis of mental illness does not need to only hold a message of gloom and doom but a message of hope. The concept of recovery has been introduced and inspired by prolific consumer writers like Patricia Deegan, Esso Leete, Judy Chamberlin, Dan Fisher, etc. Recognising an active sense of self is one of the most essential determinants towards a positive outcome from a severe mental illness (Tooth, Kalyanasundaram & Glover 1997, Davidson & Strauss 1992). This workshop will involve a guided conversation with a person, who is in recovery from a mental disorder of two decades, and her therapist. The conversation will elicit a number of significant elements from both sides of the therapeutic relationship that recognised, activated and supported a potent sense of self, exploring the unique experience of the recovery process for the individual and those
professionals involved in the process. The conversation will also explore the elements of a comprehensive mental health system that facilitate and support the person's recovery process. Learning Objectives: 1. To illustrate the uniqueness of the lived experience in recovery from mental illness. 2. To define the aspects and processes of the therapeutic relationship which facilitate and support the recovery process. 3. To outline the systemic (service related) aspects of care which facilitate and support the recovery process.

S081 Telephone to Health
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 2
Paper 20 Minutes: Happy to Hear from You: The effective use of phone intervention
Michelle Meyer Judy Campbell
Telephone contact as a means for crisis response and client support can be a positive, effective intervention, however both clients and staff often express frustration and disillusionment with the reality and outcome. Staff report feeling pushed to the maximum level of response (e.g. hospitalisation) while clients report responses which seem to increase their level of distress. Wesley Health and Counselling Services have developed a day patient program for people with borderline personality disorder and related issues based on Dialectical Behaviour Therapy which includes a format for phone coaching. Clear guidelines and structures for phone use as well as education for staff and clients on the use of the phone appear to address the difficulties experienced. The aim of this paper is to explore some of the common problems with phone use and identify key points for guidelines and education in developing an effective phone service. Examples of protocols, feedback from clients and staff as well as a review of phone usage and outcomes at WHCS will be provided. The timely use of focused phone support can be a valuable resource in developing healthy working relationships, minimising the risk of crisis situations, and encouraging independence and confidence in skills development. Learning Objectives: 1. Participants will learn to identify key structures and strategies for using phone contact effectively in client support and crisis management. 2. The timely use of focused phone support can be a valuable resource in developing healthy working relationships, minimising the risk of crisis situations, and encouraging independence and confidence in skills development.

S081 Telephone to Health
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 2
Paper 20 Minutes: How to ensure service quality in telephone based mental health service delivery
Darya McCann Claire Kemp Andrew Wilson
A number of quality methodologies were employed to ensure the successful launch and ongoing management of Accessline, a 24 hour 7 day a week service run by McKesson Asia Pacific Pty Ltd on behalf of the Greater Murray Area Health service. Accessline provides mental health triage and case management services working in partnership with the Greater Murray Area Health service staff to deliver a coordinated approach to care delivery in community based mental health services, aiming to deliver the right care at the right time and in the right place. The quality methodologies included implementation of Learning, Development and Education techniques, utilisation of a Quality Management System (QMS), and the development and implementation of a Continuous Quality Improvement (CQI) plan. This presentation will examine the use of telephone-based interventions in mental health services in Australia while focusing particularly on the safety & quality of delivering health services in a call centre environment. In summary the presentation will inform attendees of the strategies implemented at Accessline to ensure that clinical quality is maintained and that our staff are continually learning and developing professionally to ensure their interactions with callers are clinically sound and provide the best possible interventions. Learning objectives: 1. To learn about the application of telephone counselling in the treatment of people with a mental illness 2. To learn about the way that Continuous Quality Improvement (CQI) is used in a health call centre environment to ensure the quality and safety of interactions.
S081 Telephone to Health  
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 2  
Paper 20 Minutes: 'The role of telephone based services in the provision of Mental Health.'  
William Campos  
The growth of the call centre industry has resulted in many services provided by Psychologists, Nurses and Social Workers to be offered in this environment. However little research has been conducted on the effectiveness of such services and the types of services deemed effective. Present studies indicate that telephone based services are very effective in secondary preventative measures. Services providing continuity of care and follow up have indicated as beneficial to case management of callers/clients/patients. Furthermore information collected from such services can be very accurate and once compiled can illustrate mental health trends in specific populations. Presently there is an enormous increase in, so called service providers, offering mental health services over the telephone and internet. However the advent of professional liability, responsibility and accountability is still an area of much concern among professionals and community. Furthermore the uptake of these services has been estimated to grow at approximately 30% per year (both providers of such service and users/callers). It seems clear that telephone based services provides an efficient and effective method of accessing mental health services by the public, especially with Australia being a geographically vast country. Learning Objectives: 1.To understand the role and limitations of telephone based services in community Mental Health Care. (by using specific case illustrations) 2.To understand, how telephone/internet services plays a role in the provision of mental health in the general population (Outlining the scope of services and general trends.)

S082 Organisational & Workforce Development  
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 3  
Paper 20 Minutes: Critical issues for workforce development and service delivery  
Arana Pearson  
The mental health sector is largely an environment of tightening accountability systems in contracting, ethics, and clinical accountability with a growing audit and monitoring industry. This paper is a discussion about systemic responses to improve service delivery and includes an analysis of power and control dynamics in the context of relationships, systems structure, service funding and delivery. I will also discuss parameters of consumer contribution to recovery. I will discuss the role of clinical staffing and explore the ‘role’ of the mental health consumer/service user including an examination of what may be the untapped knowledge and skills service users have to contribute to service delivery and workforce development

S082 Organisational & Workforce Development  
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 3  
Loretta Foster Carolyn Ellis Tanya Paech Frank Johnson Shandell Blythe Paula Mobach  
To describe a model of Employee Driven Holistic Health Promotion within a Rural Community Health Workplace. This paper describes the development and activities of an Employee Health Committee established at the Upper Hume Community Health Service in Wodonga, Victoria. The committee has been operational for approximately 18 months, and comprises 6 staff members who have volunteered to be involved. The committee has chosen to utilise the Social Model of Health as a framework for our Workplace Health Promotion, and to focus on social connectedness and capacity building programs. The committee felt it was crucial to our credibility (both internal and external) that we ‘walked the talk’ of holistic health promotion. A number of diverse activities have been held across the organisation since the inception of the committee. These will be described, and preliminary evaluations presented. The committee’s experiences in planning and implementing activities will also be
discussed, along with suggestions about possible activities for consideration by audience members. The challenges of evaluating such programs will also be briefly discussed. The Employee Health Committee provides an example of the use of the Social Model of Health in Workplace Health Promotion, specifically using the strategies of social connectedness and capacity building, which we believe are essential if employees are to reach a state of physical, mental and social wellbeing. Learning Objectives: 1. Audience members will gain an understanding of one example of the use of the Social Model of Health as a framework for holistic promotion. 2. Audience members will gain an appreciation of the diversity of Mental Health Promotion activities utilised within this framework, and will be encouraged to consider applying these to their own work and community settings.

S082 Organisational & Workforce Development
21/08/2002 From: 1530 To: 1700 Venue: Skyline Room 3
Paper 20 Minutes: The Health of a Mental Health Service, a Journey of Recovery
Diana MacDonald
This presentation is for any key stakeholder with an interest in the design and provision of mental health services. The purpose is to challenge and raise debate regarding the mental health and wellbeing of the services and the potential impact of 'service wellness or unwellness' on the consumer. Capturing the journey of recovery for a mental health service in New Zealand, the paper outlines establishing a shared vision 'To develop a seamless service' across all providers externally and internally, strategies to build the infrastructure consistently towards the vision and demonstrating how a matrix of services moved from fragmentation to one continuum of care. The paper then explores the future and a new vision, 'Reaching full potential' and focuses on building a healthy mental health service that meets psychological needs both internally and externally. Using Maslow's Hierarchy of Needs (Abraham Maslow - 1970) as a framework, the paper demonstrates the importance of meeting basic needs of a service (Safety, Shelter - the Mental Health Service's past Vision) and meeting the psychological needs of the service in the future; a service that now must focus on areas such as building self esteem, a sense of belonging within health & within society. Exploring the parallel process for a service and it's consumers, the paper suggests whilst we deliver a safe service outcomes for consumers in the future will only be limited by how mature, psychologically and socially, the service and the staff can become. Participants may well take from this presentation new ideas and personal challenges. Learning objectives: 1. Increasing the understanding for participants of the complexities and importance of building a healthy mental health service. 2. Promoting discussion on the concept that a service can only deliver to others what it can deliver for itself.
Abstracts for conference presentations on

Thursday 22\textsuperscript{nd} August
**S097  Keynote Speaker**  
**22/08/2002 From: 900 To: 1000 Venue: Harbourside Auditorium 2**  
**Keynote Speech: Promoting mental health and quality of life through social inclusion**  
**Peter Huxley**  
People with mental ill-health are among the most socially excluded in society. Empirical data from a Department of Health funded study of case management (the UK700 study, n=708) and an ESRC funded study of urban regeneration (n=2,596) show that this is the case in the UK. Contrary to popular belief (in some quarters), people with severe mental health problems differ very little from the general population in their aspirations for social inclusion. Social inclusion has been defined as the extent to which people are able to participate fully in the institutions of society. The range of relevant social institutions are similar to the range of major life domains used in quality of life assessment, such as work, finances, social and family relations, leisure activity etc. Data will be presented showing the effect that improved social inclusion has on an individual’s quality of life and mental health. Given that inclusion is assumed to be good for one’s mental health and quality of life, why is it that some services find improving inclusion a difficult thing to achieve for the people who use them? Some reasons will be considered and it will be suggested that a major part of the problem is that the services and agencies are themselves not socially inclusive. The paper concludes by asking how one can expect society to promote social inclusion for people with mental health problems when the way we structure our agencies and services is based on boundaries and exclusivity that promote self interest and distrust. Among the salient features of more socially inclusive agencies and services are user participation, partnership arrangements, co-location, and programmatic responses. Some services that represent a more socially inclusive model will be described along with evidence about their mental health and quality of life outcomes.

**S098  Mental Health Services for Refugees**  
**22/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 2**  
**Invited Symposium: Mental Health Services for Refugees**  
**Michael Dudley  Derick Silove  Zachary Steel  Lars-Olof Ljungberg  Jorge Aroche  Roger Gurr**  
A number of eminent speakers will outline the mental health issues for people who become refugees. Michael Dudley will talk about the refugee experience and its effects on adolescents. Zachary Steel -will give details about writing reports for refugees' appeal processes, and about related political issues. Jorge Aroche, from STARTTS, will talk about early intervention assessments for refugees. Lars-Olof Ljungberg, from Malmo, Sweden, will talk about Mental Health Services for Refugees: Experiences from Albania. During the spring of 1999 Albania (population 3,5 million) received almost 0,5 million refugees from Kosovo. Albanian families hosted the majority of the refugees, but about 30% stayed in refugee camps. Surveys of the mental health status among the refugees indicated that between 25 - 59% showed serious signs or symptoms of distress (acute stress responses, PTSD, depression etc). The discrepancy between these surveys can be explained by varying methods of assessment. In the group of refugees with mental health problems there were a couple of subgroups with special needs; persons with a long history of mental illness, elderly, orphans and abandoned children, raped women and tortured men. The Albanian Ministry of Health gave a mandate to WHO to coordinate all health care support to the refugees. One of the conditions was that WHO at the same time should assess the Albanian Mental Health Services, and suggest improvements. The presentation will describe the various mental health needs in the refugee population, the experiences of coordinating more than 150 national and international NGO’s, the assessment of the Albanian Mental Health Services and the recommendations for future development. This presentation has previously been given to the UN Headquarters, New ork. Simplifying complexity: identifying core interventions for trauma-affected refugees. Derrick Silove, the University of New South Wales and STARTTS, will talk on: Simplifying complexity: identifying core interventions for trauma-affected refugees. Work with refugees and other postconflict populations underlines the importance of a holistic, rehabilitative approach in which multiple aspects (biological,
psychological, social, cultural and spiritual) need to be considered. Services such as STARTTS have achieved a high level of sophistication in the multiplicity of interventions offered. We need to distill the lessons learned from these Centres of Excellence and translate them into training approaches that are suitable for postconflict environments in the developing world, settings that are constrained in resources and skills. This paper proposes six core domains that are central to international training initiatives: (1) transcultural engagement, validation of local approaches and intrinsic skills; (2) developing a professional identity; (3) establishing a 'trauma-developmental perspective'; (4) formulating a consensus model for understanding, assessing and locating trauma-related responses within the specific eco-system; (5) developing competencies in techniques (derived from or adapted to setting) that reduce tension and arousal; (6) identifying and treating (including liaison/referring) specific psychiatric, behavioural, social and context/cultural 'complications'. In most instances, concrete, narrative and real-life experiential approaches to learning are more effective than formal, theoretical methods. A clear focus on a limited set of core skills consolidated by experience and feedback is most likely to achieve durable impacts on practice. Simplicity does not need to lead to oversimplification.

S099 Preventing Mental Illness
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 1
Paper 20 Minutes: An Innovative Project to Raise Awareness of Anxiety Disorders in Primary School Children
Michelle Sheehan
Anxiety is increasingly recognised as a significant mental health issue for Australian children. 'Surveys of children and adolescents in community populations, using self-report questionnaires, indicate that anxiety disorders are the most common childhood emotional disorders. Twelve month prevalence rates range from 17% to 21%; about 8% may require treatment (Early Intervention for Anxiety Disorders in Children and Adolescents, The Australian Early Intervention Network for Mental Health in Young People). Furthermore, research highlights the benefits of early intervention and treatment for such emotional disorders in children, in preventing the progression of symptoms into adolescence and early adulthood. The Anxiety Disorders Alliance (a Non Government Organisation) has responded to an increasing need for awareness of anxiety in children. Funding was successfully obtained from the NSW Health Department to develop and implement an awareness-raising seminar targeted at teachers and parents of primary school children. The ONE IN TEN project incorporates a philosophy of early recognition and treatment for those children experiencing difficulties with anxiety. It does this not only via seminars but also by providing resource material which outlines where information, assistance and treatment can be sought for affected children. This paper will provide an overview of the ONE IN TEN project, its successes and barriers. It will further discuss the need to establish partnerships with government, NGO's, community treatment organisations, universities and schools to ensure the projects implementation and growth. Learning Objectives 1. Explore the process of developing a project from scratch, which needs to incorporate and gain input from several different entities. Gain some insight into the issues surrounding awareness raising with regard to mental health issues. 2. ONE IN TEN incorporates an early intervention/recognition philosophy for anxiety disorders in children. Early recognition and treatment of mental illness not only benefits the person with the disorder by preventing the progression of symptoms but also lessens the strain on services and the overall economy in the long run.

S099 Preventing Mental Illness
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 1
Paper 20 Minutes: Out of Mind: The needs of tertiary students with mental health conditions
Catherine Lawrence
Recent years have seen an increased awareness of the needs of tertiary students with mental health conditions. Mental health awareness in the community has impacted on universities,
where psychiatric and psychological conditions now make up a significant cohort of students identifying and disclosing disabilities and long term medical conditions. Students encompass a significant component of people with mental health conditions and many are undertaking university studies when symptoms first present. This presentation discusses some of the recent developments at Melbourne University including mental health awareness raising initiatives such as Mental Health Week and the publication Staying Sane on Campus. It discusses the different needs of tertiary students compared to community consumers with regard to access to services, disclosure and discrimination in a university and post-university work environment. It also discusses ways of promoting good mental health on campus and avenues for community consumer services and advocates to work with students services. Learning Objectives 1. An appreciation of the issues experienced by tertiary students with mental illness and how these relate and contrast to the issues of community based mental health consumers. 2. Strategies to meeting the needs of tertiary students with mental health issues and how to target and promote mental health issues amongst a student community. 3. An appreciation of the experience of service delivery related to tertiary students with mental health issues.

S099 Preventing Mental Illness
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 1
Vivienne Pearson Judy Ring
Mental health problems in adolescence can result in the disruption of normal developmental task achievement. The transitional stage from adolescence to adulthood generally involves the completion of senior secondary education. In Victoria, this involves the two year Victorian Certificate of Education (VCE). MH-SKY Youth is an innovative youth mental health service in Melbourne's west. A significant proportion of clients are attempting their VCE. Cognisant of treatment aims which include helping young people resume normal development and reducing secondary morbidity from social rejection and educational failure, the MH-SKY Group Program sought to respond to the challenge of supporting young people completing their schooling by expanding treatment options to include group treatment and support. The VCE Group has run in 2001 and 2002. A two day workshop combines group treatment with content including stress management, study skills, problem solving and support networks. The group can continue to meet for support over the rest of the school year. The presentation will describe the model and content of a successful group based treatment for young people with mental health difficulties who are in their final years of secondary schooling. Challenges faced, successful elements, consumer feedback and clinical / teaching staff co-work will be highlighted. Learning Objectives: 1. The audience will learn about a successful group based intervention for young people with mental health difficulties who are in their final two years of secondary school. They will gain ideas which can be used or adapted for supporting young people in completing their schooling 2. The National Mental Health Strategy recognises that mental health problems can result in impaired educational development and associated secondary morbidity with regard to vocational attainment. Mental health service treatment should aim to help young people resume normal developmental educational pathways.

S099 Preventing Mental Illness
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Auditorium 1
Paper 20 Minutes: The Australian National Network for Promotion, prevention and early intervention: Reorientating services toward preventive action.
Graham Martin
Auseinet is a large national project, funded by the Commonwealth Department of Health and Aged Care, developed to reorientate Australian mental health services toward preventive action. The focus from 1997-2000 was on Early Intervention in the context of young people; the challenge for 2001-2003 is to also promote Mental Health Promotion and Public Health.
Approaches to Prevention - and across the life-span. There are three strategic interlocking domains of activity. Communication focuses on the development and maintenance of a national communications network and training issues (a clearinghouse, newsletters, 6000 members, an internet site and an email discussion list). Re-orientation up to 2000 involved training, placement and supervision of eight Auseinet project officers in a broad range of agencies across Australia to enable and facilitate reorientation to early intervention. The focus was on upskilling staff, influencing policy and strengthening links with other agencies toward sustainable re-orientation. In the last 2 years the lessons learned from this experience have been utilised to drive the development of state based special interest groups. Evidence Based Good Practice has involved funding of expert groups to review the world literature on discern the level of evidence, and establish Clinical Approaches to Early Intervention, Prevention and Mental health Promotion suitable for mental health professionals, mental health agencies, consumers and carers. Guidelines on ADHD, Anxiety, Conduct Disorder, the Perinatal Period, Psychological Adjustment of Children with Chronic Conditions and Depression have been published. Approaches to Mental Health Promotion and Consumers, MHP and Work, MHP and the Aged, are planned to be published during 2002. This paper will review the process, outcomes, evaluation and future plans for Auseinet. Learning objectives: 1. A clear idea of the practical relevance of Auseinet to local communities. 2. An overview of public health approaches which can both reduce the numbers of new cases of mental illness and also reduce the impact that mental illness may have on the individual, their family and their community.

S100 Strategic Planning & Mainstreaming
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Managing Mental Health Services in the Mainstreamed Environment: Ten Years on in Australia
Margaret Goding
Aims: To examine the benefits and disadvantages of integrating mental health services with general hospital services following the introduction of the 1992 National Mental Health Policy. To describe the status of mainstreamed mental health services in Australia, with a brief comparison with Canada and the UK. To analyse the critical success factors for the successful operation of the mainstreamed mental health service at St.Vincent's Hospital Melbourne and St.George's Health Service. To assist mental health service managers and planners in improving mainstreamed services. Concluding statement A survey of the current status of `mainstreaming' will be contrasted with the operational example of an area mental health service. Although some theoretical material will be presented, the emphasis of the paper will be on providing information to enable managers to improve the operation of mainstreamed mental health services. Learning Objectives: 1. To understand the policy of mainstreaming of mental health services, and to be informed of the various models of mainstreaming in Australia and in Canada and UK. 2. To gain insight into the critical success factors for successful mainstreaming of services.

S100 Strategic Planning & Mainstreaming
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Ten years in the mainstream: Is Indigenous mental health sinking or swimming?
Neil Phillips
Aims: This paper aims to establish the important place appropriate mental health services will have in solving general health problems for Indigenous Australians and to discuss how effective mental health services for Indigenous Australians can be developed and maintained. Method: The paper is based on the author's ten year involvement with the development and running of a mainstream Aboriginal mental health team in rural NSW, experience as a consultant psychiatrist to an urban AMS and work with the RANZCP Aboriginal and Torres Strait Islander mental health committee. Themes: Disturbed emotional and mental states play a crucial role in precipitating and maintaining general health problems. The paper will make
the case that effective Indigenous mental health services are central to reducing suffering and
preventing early death. It will also address the problems experienced by both mainstream
health services and Aboriginal community controlled medical services in developing and
maintaining Aboriginal mental health teams. Despite the complexity of their relationship it is
important that such services co-operate and communicate properly so that some troublesome
practices can be changed and problems solved. Gains in health for Indigenous Australians, in
part, depend on major improvements in the mental health services available to them.
Learning objectives
Anyone involved in trying to improve social and emotional or mental
health services for Indigenous Australians will be aware of how difficult it is to provide
appropriate and optimal services in either mainstream or community controlled settings.
There is an urgent need to have such services working closely together and this often proves
to be a very difficult task. 1. Participants will have the opportunity to gain knowledge and
understanding of to the contribution made by social and emotional distress and psychiatric
disorder to the high morbidity and mortality experienced by Aboriginal people. 2. The
author's sharing with participants his experiences of the perplexing problems facing
Aboriginal mental health services will raise many questions and trigger useful discussion.
This will provide an opportunity for mutual learning.

S100 Strategic Planning & Mainstreaming
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Progress with Implementing the New Zealand Mental Health Strategy
Todd Krieble
This paper aims to provide an update on implementation of the national mental health strategy
in New Zealand. Significant progress has been made in: service capacity, quality standards,
workforce development, information, destigmatisation. A doubling of mental health
expenditure in less than a decade has resulted in service development that is currently about
60% implemented against the Blueprint. Further funding growth is planned. Rapid expansion
puts stress on service quality. The new National Mental Health Sector Standards have the
force of law from October 2004. A comprehensive workforce strategy has been put in place
to support service development. Managing progress is contingent on good information.
Recent breakthroughs have been made in the provision of utilisation data and a mental health
epidemiology study is currently being field tested. Outcome measurement is being introduced
and new measures are being developed to fit the needs of consumers, Maori and Pacific
peoples in New Zealand. The second stage of Like Minds, Like Mine is underway as part of
a nation-wide destigmatisation campaign and a much larger effort to build a consumer-
oriented mental health service. New Zealand has made significant progress with strategy
implementation in recent years but much work remains. Learning Objectives: 1. The
audience will learn about the degree to which the national mental health strategy has been
implemented. 2. The topic is relevant to mental health in that it provides an overview of
current national policy and service developments in New Zealand.

S100 Strategic Planning & Mainstreaming
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Developing a strategic plan for a mental health service: how we got
there and some of the challenges
Elizabeth Kristensen Mohan Gilhotra
While it is considered standard practice to have a strategic plan for mental health services,
there are special challenges in developing such a plan. This paper will document the process
of developing a strategic plan for Western Sydney Area Mental Health Service and highlight
some of the challenges. To guide the strategic planning process, a Reference Group was
formed, chaired by the Area Director. This Reference Group represented many of the key
internal and external stakeholders involved in the delivery of services to people with a mental
illness. A significant part of the planning involved the conduct of consultations with service
providers, consumers and carers, and to plan the consultations a sub group was convened by
the Manager, Mental Health Services Development. Many of the strategies identified in these consultations formed the basis for the Plan. It took approximately 12 months for the Plan to be developed, commencing with the first Reference Group meeting, and concluding with the documentation of the Final Draft. Challenges included: organisational restructures affecting some of the stakeholders; setting priorities; addressing the volume of National and State policies and plans; inadequate time to adequately address some issues; the structure of the consultation process; and linking the Strategic Plan with other local mental health related plans. Learning objectives 1. The audience will gain from this presentation an appreciation of: how a strategic plan for a mental health service was developed and what needs to be considered in developing a strategic plan. 2. This topic is relevant to mental health services and mental health issues because it is generally expected of a mental health service that it has a strategic plan which clearly sets the direction for the service over a few years.

S101 Training the Workforce  
22/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: Training versus Education for the Mental Health Professional Workforce  
Robert King  Donna Ward  
During the past 20 years, the mental health professional workforce has experienced both a shift from institutional care to community based care, and shifts towards multidisciplinary teams and flat reporting structures with the consequence of greater demands for professional responsibility without the supports of substantial discipline based departments. They have also experienced a shift from a paternalistic/expert approach to relationships with consumers and carers to a collaborative and strengths rather than disability focused approach to service relationships. These changes have occurred against a background of rapid developments and changes in both the evidence base for clinical practices and in the ethical and legislative frameworks within which services are delivered. The pace of change will not necessarily slow and Australia’s National Mental Health Strategy recognizes that training and education of the workforce is central to quality service delivery within the context of national and state policy settings. The dilemma is whether to adopt a training or an education focus. A training focus involves short courses that develop specific knowledge, skills and attitudes, within a competency framework. An education focus involves the development of learning capacities through extended postgraduate education that emphasizes acquisition of information gathering skills, capacity for analysis of policy and research and development of meta-attitudes. In this paper the advantages and limitations of both training and education focus are systematically reviewed and recommendations are made with respect to the development of an appropriate mix for workforce development. Learning Objectives 1. Participants can expect to develop a clear understanding of the relationship between training and education and the role of each in workforce development. 2. The paper is relevant to mental health services because training and education of the professional workforce is central to quality service provision.

S101 Training the Workforce  
22/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 3  
Paper 20 Minutes: Learning in Action: Informal and Incidental Learning in Mental Health  
Kathryn Thorburn  Lorna McNamara  
In western society adult learning tends to be associated with formal courses conducted by professional educators through educational institutions. However, much learning is acquired informally or incidentally through experience or through participation in activities associated with work, community action or family activities. This type of learning is often overlooked and its potential is not realised. This paper aims to expose the informal and incidental learning that can occur through activism in the mental health field. Specifically, this paper will focus on the learning that occurred when Women and Mental Health Inc. (WAMH) undertook to improve sexual safety in the mental health system and support for consumers
who have experienced sexual assault within or outside the system. WAMH's membership includes mental health consumers, carers, mental health workers, service managers, educators and community members. An interview with the chairperson of WAMH formed the basis of an analysis of how learning occurred and the nature of the learning that occurred during the project. The analysis exposed an array of new knowledge and skills, but perhaps most importantly it exposed significant critical learning. The women learned about issues that were previously unquestioned and through this learning came to the realisation that they had the capacity to introduce new values around sexual safety into the psychiatric system. This paper will present the learning that occurred using a framework that may be adapted by others who wish to consciously learn from their involvement in work or community action. Learning Objectives

1. Through their attendance at this presentation the audience will learn how to uncover learning that occurs informally and incidentally in the course of work and/or community action in the mental health field. They will also learn about the therapeutic benefits of learning in social action.

2. The relevance of this topic to mental health services/workers/activists lies in its focus on a broader perspective on learning and what is recognised as learning. This opens mental health services/workers/activists to a whole new understanding of how learning can occur in the workplace. Such a perspective is empowering, because it recognises that people working together towards a common goal can generate knowledge and experience learning.

S101 Training the Workforce
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: A survey of mental health workers attitude, knowledge and practice in HIV prevention
Elizabeth Brewin Richard Gray
There has been increasing concern that people with serious mental illness may constitute a high-risk group for HIV infection. A number of prevalence studies, mainly in the USA, indicate that seroprevalence for this group is higher than in the general population. People with serious mental disorder are engaging in a number of high-risk activities, particularly associated with comorbid substance use, yet do not have accurate knowledge, motivation or skills to reduce such behaviours. Nurses in mental health settings are ideally placed to assess such risk behaviours, and consequently offer appropriate HIV prevention interventions as part of their care. However, it is unclear whether this is actually taking place in routine practice.

A survey of mental health clinicians from both inpatient and community mental health services was undertaken to investigate their attitudes, knowledge and practice around HIV prevention with people with serious mental disorders. It took place in a large London mental health care provider and included clinicians from the multi-disciplinary team. This study provides important new data that will inform research, training and policy in mental health care. Learning Objectives: 1. Following the presentation the audience will have gained an understanding of the importance of HIV prevention in a mental health settings and the outcome of a survey of clinicians attitudes, knowledge and current practice in this area.

2. People with long term mental health problems are a high-risk group for HIV infection. HIV diagnosis often results in mental health problems for those who were previously mentally well. HIV prevention is not typically seen as a component of routine mental health care. The presentation will inform clinical practice, training and policy development in this important area.

S101 Training the Workforce
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: The self perceived skills competencies and training needs of mental health professionals working in psychosocial rehabilitation programs.
Carena Hulley
This paper will present and discuss the findings of a major survey of the skills competencies and training needs of clinicians working in the psychosocial rehabilitation teams of the NorthWestern Mental Health Program (in central Melbourne). The teams participating in the
study were Mobile Support and Treatment Teams (4), Community Care Units (4), and Secure Extended Care (1). This is most likely the first detailed training needs analysis completed for this specific work group. The survey was conducted by the NorthWestern Mental Health Training and Development Unit in December 2001. Approximately 150 staff were surveyed regarding their perception of their skills, their colleagues skills and their training needs. The findings paint a detailed picture of the competencies and needs of the clinical workforce. Information will be provided on the differing needs of various clinical disciplines. Various training packages and training strategies devised to address areas of skill deficits will also be discussed. Learning Objectives 1. Increased understanding of the skills and training needs of the current workforce of clinicians working in the psychosocial rehabilitation programs 2. The competence of clinicians is one of the major factors influencing the quality of mental health services provided to consumers. Through the identification of skills deficits and training strategies programs may begin to put in place tailored training and professional development programs with the aim of enhancing the skills of rehabilitation clinicians and outcomes for consumers of the services.

S102 Employment & Recovery
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Employment durability for workers with a psychiatric disability: the employee’s perspective
Pat McLeod
While unemployment rates remain high among people with a psychiatric disability, an increased focus on rehabilitation in the last two decades has resulted in increasing numbers of mental health service consumers who gain award wage employment. There is much to learn about factors contributing to success in the maintenance of employment and very little existing research involves direct participation by employees with a psychiatric disability (particularly those who are not involved with supported employment agencies and who may or may not have chosen to disclose their disability in the workplace). This paper presents early findings from a qualitative study, in which former clients of a vocational rehabilitation agency, who have a psychiatric disability, were asked about their employment experience. Participants talked about their interactions with workplace peers and supervisors, their working conditions and decisions about disclosure, and were asked to indicate 'what helps' in terms of staying in their particular job. Participants' views about effective workplace relationships and a 'fair go' for employers and employees will be explored. None or very limited disclosure was the common choice, with many participants reporting ongoing access to mental health services as valued supports. Implications for mental health service delivery and inter-agency coordination in supporting employees will be raised. Learning Objectives: 1. Pat will present early findings of a qualitative research project in which people with a psychiatric disability, who gained employment after a vocational rehabilitation program, have been asked to discuss 'what workplace factors help' in their employment experience. Participants will hear what employees report about issues such as job-person match, disclosure of disability at work, supervision and feedback arrangements and working conditions (eg flexible hours). The implications for coordination between mental health services and vocational rehabilitation services will be raised. 2. Many mental health workers provide ongoing support to people who are employed. This paper will discuss employment conditions that are reported by mental health service consumers as enabling in terms of job retention. The presentation is relevant to the theme of the mental health of organisations and systems - how do we ensure healthy systems' and to issues of rehabilitation and recovery.
S102 Employment & Recovery
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Employment for People Who Experience Mental Illness - novel idea or reasonable expectation?
Rob Warriner
In late 1993 AMHS, a of supported accommodation services, established what was then the first supported employment service in New Zealand designed solely and specifically to respond to the employment aspirations, potentials and challenges of people who experience mental illness. Beginning with a 20 hour per week position, reliant upon a fragile and variable funding stream, a 'pilot programme' gradually transformed into an effective and successful model of service delivery. In the year ended June, 2001, EDGE clients earned in excess of $400,000; a reasonable return on Government's 'investment' of $160,000. Today, EDGE Employment employs 6 staff and annually supports 120 people in pursuit of their employment goals and aspirations. This paper outlines the evolution of a supported employment model, and will illustrate briefly some of the highlights. Provocatively, the paper will discuss some of the barriers, challenges and issues which existed/continue - in particular within mental health services. These include staff development and retention, service development, and the 'place' of specialist employment services within an evolving community mental health service delivery paradigm. In addressing policy issues, the paper questions why effective supported employment services for people who experience mental illness still remain an option available to only a few. This in spite of demonstrated effectiveness both in New Zealand and overseas and in spite of a consistent, mantra-like request from consumers: 'we want real jobs for real pay'. Learning Objectives: 1.People will gain an understanding of some of the barriers which exist within mental health services which inhibit people's ability to access and maintain employment. People will also gain some insight about specific practices which can enhance access to employment. 2.The relevance of this presentation to mental health services/issues rests on the basic facts that people with mental illness experience high levels of unemployment (in spite of the role of employment in promoting recovery), and the mental health system struggles to prioritise / deliver such services.

S102 Employment & Recovery
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: There is no mental health without a return to work
Nikki Porteous
Vocational services are usually inadequate and provided outside of clinical mental health services. Practicing the Model of Individual Placement and Support (IPS) within a clinical mental health service is being piloted in the Early Intervention Service in Wellington. This presentation will describe the model, how it was put into practice, the evaluation process and proposed future developments within mental health services in Wellington. References will be made to 'A Working Life', the IPS program, and 'A New Way of Thinking', a position paper prepared by the Association for Supported Employment in New Zealand. The approach taken to this work is client-centred, goal directed using practical problem-solving and uses the recovery model by identifying strengths and instilling hope. My interventions and the tools I use will be described. In my opinion 'work is key to recovery' and practicing the IPS model as a clinician within a clinical service better meets the vocational needs of people recovering from mental illness and challenges a 'work readiness' approach. Learning Objectives: 1.People will learn that work is a critical element in the recovery of people with mental illness. 2.The Individual Placement and Support Model (IPS) is a service delivery approach that better meets the vocational needs of people recovering from mental illness.
S102 Employment & Recovery  
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 4  
Paper 20 Minutes: Vocational rehabilitation is as easy as CBT  
Vanessa Rose Janette Perz

People with chronic mental health problems experience difficulty returning to the workforce. Whilst some of these difficulties may result from impairments associated with the disorder, other problems are associated with a lack of appropriate service provision. Cognitive behavioural therapy (CBT) has traditionally been used as a treatment for mental health problems. This paper describes a pilot study of a group CBT intervention with a vocational emphasis for people with chronic mental illness. Vocationally oriented CBT aims to improve mental health status and prepare course participants for vocational training and/or other opportunities by restructuring maladaptive cognitions related to employment. The CBT pilot intervention was delivered over 8-weeks in 2-hour weekly sessions by an occupational therapist and psychologist. Recruitment for the pilot programme took place through Bankstown Mental Health Services and the Work Assessment and Retraining Unit. Pre-post evaluation of the intervention showed significantly improved mental health for participants who successfully completed the programme (n = 7). The pilot highlighted the need to integrate vocationally oriented CBT interventions into existing vocational rehabilitation structures to ensure pathways to different modes of employment. Group CBT programmes with a vocational emphasis are a positive first step in the vocational rehabilitation of people with chronic mental illness. Learning objectives 1. Participants will learn how CBT may be incorporated into vocational rehabilitation programes. 2. This presentation is relevant to mental health services because it describes and evaluates a novel approach to vocational rehabilitation for people with chronic mental illness.

S103 Forensic Mental Health  
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 5  
Paper 20 Minutes: Imprisoned mothers with a mental illness: Supporting and resourcing these women to maintain their mother-role within the context of incarceration.  
Bronwyn Fotheringham

Barossa Unit at Thomas Embling Hospital is a 10-bed Unit providing mental health treatment to women with a mental illness who are prisoners or require treatment in a secure facility. Many of the women admitted to Barossa have children, and thus not only struggle with their own mental health difficulties as well as crime-related issues, but also parenting issues. Maintaining a sense of being a mother, and feeling connected to their children is often very important to these women. At Barossa Unit, a 'Women with Children' group was established, to recognised the specific needs of mothers on the Unit. This group aims to provide mothers with support and encouragement to develop and maintain connections with their children, to develop confidence in finding an identity as a mother, and to increase their knowledge about parenting and the needs of their children. A variety of mechanisms are used to achieve these aims including activity-based sessions, educational sessions, peer support, and discussion. This group has enabled many women to grow in their relationships with their children, and have a positive experience of parenting. One patient says of the group: 'It makes me feel like a mother again'. Learning Objectives: 1. For people to develop an understanding of the difficulties faced by mothers with a mental illness in custody, and to hear about one strategy that has been employed to help such women maintain connections with their children, and grow in confidence in their mother-role. 2. This presentation will discuss a group set up to assist women with a mental illness who do not have day-to-day contact with their children to maintain their mother-role, and to grow in skill and confidence in parenting.
S103 Forensic Mental Health
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: The Rebuilding of Shattered Assumptions in Forensic Patients - A Constructivist Approach to Grief and Loss Experienced by Perpetrators of Homicide
Jim Poulter
The paper explores some work undertaken with a group of forensic patients in the final stages of rehabilitation. All patients had been found not guilty of a homicide, usually of a family member and had spent between three and fifteen years in psychiatric confinement. Over a twelve-month period the patient group reflected on their common personal experiences of illness, offence, incarceration, treatment and rehabilitation. The personal disintegration arising through illness and offence, and the impact of the grief and loss caused by their own actions were explored, with the patient group highlighting their subsequent tasks of meaning reconstruction and self-reconciliation as being central to their rehabilitative progress. The paper examines the twin issues of trauma and loss experienced by the patient group and suggests that rather than these two issues being conceptualised in different ways, a greater synergy is needed. The paper advocates a constructivist approach to grief, loss and trauma that seeks to understand the way individuals build their basic assumptions about themselves and the world, and the reconstructive tasks involved when these assumptions are shattered by grief, loss or trauma. The paper models a developmental sequence of basic assumptions to guide the process of meaning reconstruction work.

Learning Objectives:
1. The audience will learn the value of a constructivist approach to the exploration of issues of trauma, grief and loss, where the focus is first on gaining understanding as to the level to which an individual's assumptions about self and world have been challenged or shattered, then on assisting the individual's search for new meaning.
2. This issue is of key relevance within the mental health field due to the strong implications grief and loss resolution has for individual mental health and social functioning.

S103 Forensic Mental Health
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Forensic psychiatry in NSW - a state of arrested development
Johnathon Carne
An ethico-legal critique of the state of forensic psychiatric services in NSW. Makes reference to UN Conventions, practice in other states and overseas and to the NSW Mental Health Acts. Highlights deficiencies in mental health services available to prisoners in NSW, the excessive numbers of mentally ill amongst the prison population and relates this, in a possibly controversial analysis, to deficiencies in mental health services in New South Wales generally. Learning Objectives:
1. An understanding that there are some almost universally accepted standards for the treatment of mentally ill offenders but that these standards are not well adhered to in New South Wales.
2. Mental health funding deficiencies have a direct impact on the rate of imprisonment of mentally ill. Better funding of community and forensic mental health services is needed to stem unwarranted levels of imprisonment of individuals suffering from mental illness.

S103 Forensic Mental Health
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: A Department of Corrective Services Aboriginal Emotional and Social Well-being Unit Proposal
Nita Dowel, Jenny Bardon
There is extensive evidence in regards to the inadequacy of Social and Emotional Well Being (mental health) Services for both Aboriginal offenders and Aboriginal communities. Aboriginal offenders continue to be over-represented in custody. Aboriginal people generally have limited, if any access to mental health services, what services are available are often inconsistent and culturally inappropriate. Trauma, grief and loss are overwhelming problems found in most Aboriginal communities and are related to past history of loss, traumatisation and on-going losses due to high incarceration rates and excessive mortality in family and
kinship networks. Trauma, grief and loss and the underlying causes are often ignored in current treatment process. Aboriginal offenders in custody receive health services from the Corrections Health Service and mental health is provided by Department of Corrective Services Psychologists, Corrections Health mental health nurses. Offenders in the community receive social and emotional well-being care from Aboriginal Medical Services and Area Mental Health Services. Probation and Parole Officers refer Alcohol and other drug and mental health problems to community health services. However, the access to these services by Probation and Parole Service clients is extremely limited due to AHS resistance to servicing these people. Learning Objectives: What will people in the audience gain or learn from attending this presentation? The paper presents a proposal is for the development and planning for an Aboriginal Social and Emotional Well-being Unit for Aboriginal offenders both in the community and the gaol system. It identifies what are considered the essential ingredients for a 'best practice' in forensic mental health. It poses many important issues relating to the design and delivery of Aboriginal mental health wellbeing both in the community and the goal system. How is this topic/issue relevant to mental health services and mental health issues? The paper will be of interest to providers, consumers, policy makers and the Aboriginal and non-Aboriginal mental health industry, especially those interested in the provision of services to forensic mental health.

S104 Brief Papers: Focus on Interventions, Training & Other Issues
22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6

Brief Papers 10 minutes: Beyond the Rhetoric
Paul Mackay

Mental Health organisations are expected to encourage society to view people suffering from mental illness as human beings not as 'a disability' or 'a diagnosis' and beyond a glossy marketing image. However, research by Paul MacKay for his master's dissertation has shown that this essential ethic is routinely ignored. Findings suggest that clinical services and community organisations play a large part in perpetuating the stigmatisation of people with mental illness. Social commentators have suggested that this has occurred because of the practices arising from institutionalisation. However Mackay's findings point to more fundamental flaws in the methods of treatment used by clinical and non-clinical service providers. MacKay used KUI Lifestyle Support Agency, a small community organisation operating in Brisbane as a case study for his dissertation. The insight exposes some significantly unique characteristics of Kui which other community organisations may be able to use as a catalyst to analysis their own service delivery. The paper affirms that through specific techniques of narrative/solution focused approaches and case management, the needs of both people who use and work for mental health services can be upheld in a way that validates the rights and dignity of all parties. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? A model is proposed that may assist community mental health service to move beyond the rhetoric of government policies, and standards. The model illustrates a commitment to high quality, client centred service provision. The case study demonstrates a unique philosophy, structure and management practice. Data presented from people who use and work for the service, provides a rich source of information and shows how this particular organisation integrated and extended policies and standards in a unique and interesting way. 2. How is this topic/issue relevant to mental health services and mental health issues? In the absence of evidence that government policy or community support is making any difference in the treatment or lives of people with mental illness, the research findings described in this paper highlight the real experiences of people who use and work for services. Through the case study of one organisations practice and philosophy it is anticipated that this presentation will provide mental health services with an insight that will contribute to an improved quality of life for clients of those services.
S104  Brief Papers: Focus on Interventions, Training & Other Issues  
22/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 6  
Brief Papers 10 minutes: Balancing theory, treatment and partnership in a newly developed intensive acute community care team.  
Ross Jamieson  Patrizia Fiorillo  
The St. George Division of Mental Health is committed to the provision of mental health care that meets the needs of the community it works with. The Pathway team was developed to provide an intensive home-based service to people experiencing acute mental health problems that would have otherwise required a more restrictive method of treatment. First onset psychosis and mood disorders, and perinatal mental health were identified initially as target groups as specific projects were already under way with this population. Based on State, National and International guidelines, this small team set out to provide high quality interventions to a clearly defined population within a three-week timeframe, ensuring continuity of care between and within health services, and liaising with other government and non-government agencies. The role and function of the team are based primarily on a partnership model of care where the service users are integral part - and leaders - of the intervention planning and outcome evaluation of care. This paper briefly presents the planning process of this specialised team, its application in practice, and the changes made to meet the identified needs. The criteria for entry, assessment and referral process, length of stay, workload, interventions used and staff training needs have been monitored and evaluated on an ongoing basis, highlighting the need for flexibility according to the wishes and opinions of the service users and treatment outcomes. 1. The people in the audience will learn about continuous team self-evaluation and reflection and the application of this knowledge to day-to-day practice within a partnership model. 2. This topic is relevant to mental health services and mental health issues as it highlights the importance of flexibility, critical evaluation and commitment from the ground up in the development of front line services.

S104  Brief Papers: Focus on Interventions, Training & Other Issues  
22/08/2002  From: 1030 To: 1230  Venue: Harbourside Meeting Room 6  
Brief Papers 10 minutes: Psychotropic Medication Side Effects Vs Adverse Effects from A Consumer Perspective  
Trevor Parry  
This paper will explore the distinct difference between the interpretation by pharmaceutical companies and the medical profession of the 'side effects' of taking psychotropic medication and that of the consumers who live with the 'adverse effects' on a daily basis. During their training the medical profession is given the knowledge that to obtain a beneficial effect from medication requires the consumer to run the gamut of numerous so called 'side effects', to be aware of 'serious side effects' and pray that no one has an 'adverse effect' that actually causes their death. Due to the considerable disruption caused to consumers' lives by taking psychotropic medication we do not recognised these as mere 'side effects' but actually as 'adverse effects' on our ability to live our daily lives. The term 'side effects' actually devalues what is occurring to consumers' bodies and minds. Am I merely splitting hairs to create a debate on this issue or is there a need for far greater dialogue between prescribers, the consumers and their carers regarding the entire medication issue? Therapeutic partnership is the way forward but this cannot be achieved if part of the 'care plan' remains 'secret Doctors or Psychiatrists business'! Learning Objectives: 1.Details will be obtained regarding the beneficial development of 'therapeutic partnerships' with consumers and their carers that include education about prescribed psychotropic medication and disclosure about the beneficial/adverse effects on the consumer. 2.In service provider terms consumers who are 'non compliant' are an ongoing problem but no consideration/empathy is given to the 'side effects/adverse effects the person has to endure. Consumers have the right to full disclosure regarding medications that are prescribed for them. This includes not only voluntary consumers but also those that are 'Detained' or on 'Community Treatment Orders.' With consumers and carers who are better informed this may lead to less discontinuation of medication regimes.
Brief Papers 10 minutes: Building The Links for Better Mental Health Project

Anne Williams

The aim of this project was to improve the health and well being of people with mental health problems and their significant others by developing a model of continuum of care using a holistic approach. This has been achieved by bringing all the key stakeholders together to work in a respectful, cohesive and collaborative way. The strategies developed address the identified gaps and duplications in service provision during a person's transition from home to hospital and back into the community. There were three pilot sites chosen for their difference in location, population and needs, ensuring a local response to regional issues. The resulting model includes the Framework for collaboration, Benchmarking, Communication and Influence. The aims of this paper are to demonstrate a Primary Health Care approach to Mental Health Service provision, which includes: Continuity of Care, Implementing the National Standards for Mental Health Services, Respectful partnerships, Maximising consumer influence and decision-making. To form a coherent model in a rural setting, the Building The Links for Better Mental Health model is regionally endorsed, guides funding allocation and has wide acknowledgement as being 'cutting edge'. The importance of using Primary Health Care Principles in the development and delivery of Mental Health Services. The development of respectful consumer partnerships in decision making. The capacity to positively influence cultural change within organisations and communities. Implementing the 2nd National Mental Health Plan.

Brief Papers 10 minutes: Dare to Care

David Lui

Relationships are an important element in the healing and recovery process. A caring nature, the ability to establish rapport and genuine desire to help people assists in developing trusting relationships. This is sometimes more important than a knowledge of mental illness, medications, side effects etc. Qualities and skills that consumers consider most important to them are often not about being knowledgeable, articulate, writing and documentation skills but more about ability to listen, have empathy with people, caring nature. The qualities that service providers look for when recruiting staff are often not the same as those the consumers feel are important. The paper will explore some of these qualities and offer suggestions as to their importance and how service delivery can be improved with better of these qualities.

Learning Outcomes: 1. The audience will learn the qualities that the author considers important in working with consumers and how these qualities will improve relationship building with consumers and their families. 2. The audience will learn how these qualities will improve our ability to accurately assess people and ultimately improve service delivery.

Brief Papers 10 minutes: The provision of holidays by staff as a therapeutic intervention for residents of a Psychosocial Rehabilitation Service.

Margaret Jones Terence Carman

Aims The Aim of the presentation is to present the benefits that a staff-generated holiday program has had for clients in a Psychosocial Rehabilitation Program Concluding statement The Footbridge, a Community Care Unit (CCU) situated in North Fitzroy, an inner city suburb of Melbourne provides residential psychosocial rehabilitation for twenty clients ranging in age from eighteen to sixty years of age, in a home-like environment in a terrace house setting. Holidays, as most of us realize, are a therapeutic break from our usual routines. Over the last couple of years, some of the residents have accessed holidays provided by Psychiatric Disability Support Services (PDSS), but there was a group of clients who were unable to access these holidays due to the severity of their illness and/or the difficulties
encountered with some of their behaviors and their inability to relate to unfamiliar staff. Some of the staff at The Footbridge organized holidays for these particular staff, by getting organizations to donate vehicles, fuel and low cost accommodation. These holidays had the usual therapeutic outcome, that is, the enjoyment of a change to the usual routine and environment, but staff also observed other significant outcomes. These were: A shared experience for both staff and residents. An opportunity for close, sustained observation of residents over an extended period of time by the same staff. An intensive rehabilitation period for residents (residents set goals for themselves at the start of the holiday). An opportunity for staff and residents to live and work together, enabling staff to be intensive role models. An opportunity for residents to gain confidence in novel situations. An increase in resident's ability to cope with change and an increase in the likelihood of them accessing other programs. Learning Objectives 1. That staff can approach difficult situations in a creative manner, that is, creating opportunities for high needs residents to access holidays. 2. That all services face the difficulty of providing services with limited funds, that by providing these holidays with donated funds and materials and then evaluating the benefits, the staff were then able to get service funding to provide an ongoing holiday program for high needs residents.

S104 Brief Papers: Focus on Interventions, Training & Other Issues 22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Learning to Drive on the Slippery Roads of Mental Illness Nicky Cheshire
As the title suggests, this is an account of my experiences of travel through many countries and many states of mental illness. It is not just that my journey of scholarship will overlap other people's experiences but that my ongoing survival can encourage others to do the same. I strongly believe that the more we speak about our personal journeys, the more we can learn from each other. Ultimately, I think that this will be not only the most effective way to encourage acceptance and medication compliance for other people with a mental illness but also to learn from each other how to cope with the many hiccups that we will all experience along the way. The most important objective for 2002 for people with a mental illness and medical practitioners is to communicate the reality of having a mental illness and that being well is not just about relief from symptoms but about quality of life - to make this happen needs ongoing debate and input from as many people with a mental illness as possible from many different 'places'. Therefore I believe that if changes are to occur for the better within mental health services, talking about our life journeys will need to happen. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? The audience will probably consist of people with a mental illness, carers, and mental health professionals. The people with a mental illness will gain the knowledge that by standing up and speaking about their life experiences, they will make an impact on how mental health professionals and others offer support and services. Everyone will broaden their knowledge of ways that consumers can help themselves with their challenges. 2. How is this topic/issue relevant to mental health services and mental health issues? All issues relevant to mental health services are about whether people with a mental illness receive optimal and appropriate services. Therefore underpinning all mental health services should be the ethos that only when people with a mental illness speak about their experiences can services become relevant.

S104 Brief Papers: Focus on Interventions, Training & Other Issues 22/08/2002 From: 1030 To: 1230 Venue: Harbourside Meeting Room 6
Brief Papers 10 minutes: Development of a collaborative model of care for management of incontinence for people living in the community with mental illness Maxie Ashton
Incontinence is an important quality of life issue for people living with mental illness in supported residential facilities (SRFs). The Commonwealth Department of Health and Aged Care funded a participatory and collaborative project that aimed to develop innovative
strategies for management of incontinence for these people. The project was conducted in the Western Adelaide area and commenced July 2001 and concluded June 2002. This was a collaborative project between residents and staff of SRFs, Research Unit at the Royal District Nursing Service, Western Mental Health Service, the Supported Residential Facilities Unit, and the Northern Division of General Practitioners. The project revealed that at least 16% of residents living in the participating SRFs experienced problematic incontinence. Possible causes of incontinence were found to be a complex combination of factors including psychosis, side effect of medications, heavy night sedation, excessive caffeine and fluid consumption, poor physical health, existing medical conditions, mobility problems, and chronic infection. The outcomes of this project have been: Identification of the contextual issues surrounding incontinence for people living in the community with mental illness, Development of strategies which promotes continence for this group of people, The development, implementation and dissemination of a comprehensive information book that emphasises actions that may promote continence. Learning objectives: 1. The audience will learn about the complex combination of factors that may cause incontinence for these people 2. The audience will learn about strategies that may promote continence, which will significantly benefit the health, social relationships and quality of life of a large group of people living with mental illness throughout Australia.

S105 Consumer Role and Advocacy
22/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 1
Paper 20 Minutes: Consumer Employment in Mental Health Services
David Guthrie
In 1991, there were some resolutions and decisions adopted by the United Nations General Assembly entitled 'The Protection of Persons with Mental Illness and the Improvement of Mental Health Care'. This document provides some clauses to assist consumers seeking paid employment. In Principle 1, part 4 it states that 'Special measures solely to protect the rights, or secure the advancement, of persons with mental illness shall not be deemed to be discriminatory'. This should reassure service managers that they are allowed to specify a consumer in a job advertisement. In the Geelong Mental Health Consumers Union Inc. Statement of Purposes, we have a clause reserving all 'paid positions, committee positions and benefits provided to consumers'; - defined as 'persons with a history of mental illness which has been treated by medical practitioners'. All consumer groups should reserve membership, paid and elected positions for consumers in their constitution. There could be a tighter definition of 'consumer' applied such as; 'Persons with a history of mental illness which has been being treated by medical practitioners and which has ongoing consequences'. This would place the relevant people in such positions. Learning Objectives: 1. Audience will learn that there are legal measures which enable them to reserve some jobs and/or group membership for consumers. 2. Audience will gain exposure to appropriate definitions of 'consumers' for employment purposes.

S105 Consumer Role and Advocacy
22/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 1
Paper 20 Minutes: The Dilemmas Faced by Non-Government Organisations (NGOs) as their roles expand in the Mental Health Sector.
Natasha Posner McNab Justin
The Dilemmas Faced by Non-Government Organisations (NGOs) as their roles expand in the Mental Health Sector - Justin McNab, Social Policy Research Centre, UNSW. This paper will explore the role NGOs play in the mental health sector paying particular attention to the dilemmas they may face as their services expand, and they integrate more closely with existing public and private mental health services. The question 'do NGOs fill a service gap left by other mental health services or do they do something that other private and public mental health services cannot do' will be addressed. The paper will use the participation of NGOs involved in the Mental Health Integration Project in the Illawarra to illustrate points made. Issues surrounding the accompanying increasing professionalism required and the
dilemma this creates concerning consumer and volunteer participation will also be explored. Learning Objectives: 1. The audience will gain a greater appreciation of the issues faced by NGOs as they attempt to integrate with other mental health services. 2. The topic is relevant to the Mental Health sector as it sheds further light on whether NGOs merely fill the service gap left by other mental health services or do they do something that other private and public mental health services cannot do.

S105 Consumer Role and Advocacy
22/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 1
Paper 20 Minutes: Improving Consumer Representation in Adult Mental Health Services: Consumer Consultants Share Their Experiences
Peter Middleton  Noel Malouf
This is an exploratory study of a sample of ten consumer consultants working in area mental health services in Victoria. Using qualitative methods we gathered the consumer consultants' perspective on their areas of influence and areas of difficulty, and their proposed solutions to areas of difficulty identified. The main issues were clarified by feedback from interviewees and in two focus groups. Areas of influence for consumer consultants within area mental health services include: gathering consumer feedback, presenting this to management and staff, involvement in staff training, recruitment and service evaluation. Consumer consultants identified factors limiting their influence. Our research relates these limits to issues of stigma, tokenism, the mental health system and resistance to change within the organisation. Consumer consultants' suggestions to address the areas of difficulty include: more resources for the program, improved training and supervision, more involvement in staff training, more support from the Department of Human Services, and a supportive service culture. Our analysis identifies two sets of service characteristics: service green which is supportive of consumer participation, and service red which is obstructive. By adopting the characteristics of service green, area mental health services could facilitate the consumer consultants' job and enhance their influence. Learning Objectives: 1. Conference attendees will hear an elaboration and grounded analysis of the views of a sample of consumer consultants on their areas of influence, areas of difficulty and their suggestions to improve their position in area mental health services in Victoria. 2. The role of consumer consultants is very relevant to the development and transformation of mental health services so that they are inclusive of consumer views and encourage consumer participation at every level in the organisation. This study indicates some of the difficulties encountered by consumer consultants in this regard and puts forward their suggestions for service improvement.

S106 Homelessness and Mental Health
22/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 2
Paper 20 Minutes: Outcomes of Homeless People with Mental Illness Living in Crisis Refuge Accommodation
Ruth Lo  Jan Barling  Jacqui Conner
Northern Rivers Area attracts large numbers of people living on pensions and it has one of the largest unemployment rates in the state. There are also a number of people living with mental illness in this area. People affected by mental illness face a critical shortage of appropriate and affordable housing. The Northern Rivers Fellowship (NRF) Refuge provides quality service that promotes self-determination and independent living in the community for people, who are homeless and with mental illness. A joint project between the staff from the School of Nursing and Health Care Practices, Southern Cross University and staff from NRF Refuge was undertaken to evaluate the physical, psychological and social outcomes of residents living in NRF Refuge. One hundred residents completed questionnaires when they entered the crisis accommodation, and when they exited from the NRF Refuge. The questionnaire consisted of (a) demographic and diagnostic data, (b) General Health Questionnaire (GHQ), (c) Self-esteem Questionnaire and (d) Health of the Nation Outcome Scales (HoNOS). Results of the study showed positive outcomes in clients' stress, self-esteem, behaviour, social skills, cognitive impairment and their symptoms. Learning objectives: 1. The provision of
safe and affordable crisis accommodation, for homeless people with mental illness, have positive outcomes.  

2. The study shows that NGO can have a great impact in the lives of homeless people with mental illness by giving structure to their lives and an environment of support and care.

S106  Homelessness and Mental Health  
22/08/2002  From: 1030 To: 1230 Venue: Pyrmont Room 2  
Paper 20 Minutes: Mental Health and Youth Homelessness  
Louise Ewing  Kim Eggleton

Mental Health concerns impact on families in many ways. The pressures, stressors, anxiety, practical day to day challenges can be overwhelming and can result in youth homelessness. It is impossible for one service to address all problems. Mental Illness does not exist in isolation. Positive outcomes can be achieved when a variety of organisations work in partnership with the family and with each other. Mental Health Reconnect is a new initiative under the auspices of the Salvation Army, ARAFMI, Wesley Mission and Mission Australia. Mental Health Reconnect is funded by the Federal Government through the Department of Family and Community Services. Our Mission: To prevent youth homelessness where mental health concerns are suspected with the young person or within the family. Our Aims: To address specific needs of young people and their families affected by mental health issues where there is a risk of youth homelessness or the young person has recently left home. To assist service providers in their work with young people and families with mental health issues and the stress it causes families and young people. Aims of Presentation: Mental Health Reconnect is a new and innovative service which commenced at the end of 2001 in Sydney. We are one of only two Mental Health Reconnect services in Australia, the other service being based in Adelaide. Mental Health Reconnect addresses the holistic needs of young people and families and works in partnership with other service providers in the community. Mental Health Reconnect utilises the Action Research Model. We will explain this model and its' significance in our service delivery. Through the presentation of case studies, we shall outline the importance of the principles underpinning Good Practice Principles in addressing mental health concerns of young people. Homelessness, risk of homelessness, drug and alcohol problems, education, relationships, sexuality, finances, housing are some of the other issues affecting young people and families in addition to their mental health concerns. It is vital that service providers work cooperatively together. Joint Case Management, working in partnership, increases the opportunity for a positive outcome. We shall demonstrate the importance of addressing the holistic needs of families and young people affected by mental health concerns and the impacts on the quality of life of families and young people. Learning Objectives: 1. People will gain an insight of this new and innovative service, its flexibility, its' methodologies and creative forms of intervention. People will gain a greater understanding of the Action Research Model and its' significance and effectiveness in working with young people, families and service providers faced with mental health concerns and the risk of homelessness or homelessness. 2. Mental Health Reconnect offers a 'Soft Entry Point' which is a key factor when engaging young people with mental health concerns. Case studies will be used to demonstrate the relation and effectiveness of the Action Research Model, Good Practice Principles and Soft Entry Point in addressing the holistic needs of families affected by mental health concerns. Mental Health Reconnect will demonstrate, through the use of case studies, the impact of the above methodologies on stressors and therefore a shift in the quality of relationships within a family, whether the young person is living at home or is living away from home.

S106  Homelessness and Mental Health  
22/08/2002  From: 1030 To: 1230 Venue: Pyrmont Room 2  
Paper 20 Minutes: Homelessness Housing and Mental Health  
George Quinn  Caitlin Dixon

In May 2001, a paper was briefly presented at the 2 day Homeless Summit in Sydney, representing a broad range of government and non-government organisations. The paper
outlined the findings of Tsemberis and Eisenberg's (2000) report on a New York City based program which provided immediate access to independent housing for 242 people with a severe mental illness and comorbid substance abuse, who were living on the streets and unable or unwilling to obtain housing through a linear model. Housing was offered based on the principles of consumer preference and was not contingent on participation in treatment and rehabilitation for their mental health condition or drug and alcohol use. An assertive community treatment model was used to offer support and treatment if desired by the consumer. The only conditions of participation in the program were to meet with a staff member twice a month and participate in a money management plan. An evaluation of the program challenged the model currently in place in assisting homeless people with a mental illness in accessing housing. A linear model, most commonly adhered to, sees the homeless mentally ill access housing through a transitional path of outreach services, hostel or emergency accommodation, and medium term graded levels of supported housing, to reach their goal of independent living. The maintenance of housing in the Pathways program was compared to that of 1600 people who accessed housing through the linear transitional model in the same area, over the same time period. After 5 years, 88 percent of the participants in the program remained housed, compared to 47 percent within the comparison linear transitional program. Tsemberis and Eisenberg's (2000) study demonstrates that people with severe mental illness and drug and alcohol problems are able to obtain and maintain independent housing when provided with the opportunity and appropriate supports. Further, with a flexible, assertive community treatment model, they will often then chose to access mental health and drug and alcohol services once the basic need of housing is met.

Broadening our focus from the findings of Tsemberis and Eisenberg's (2000) study and reviewing the literature in the provision of housing for the homeless mentally ill highlights several issues. It highlights the discrepancy between how consumers and clinicians rate consumers needs and the most suitable housing options. When the homeless mentally ill are asked what they need assistance with, they often prioritise housing as a basic need. On the other hand, clinicians prioritise mental health treatment or a demonstration of independent living skills as a precursor for then providing housing. Tsemberis and Eisenberg's (2000) findings challenge the often widely held clinical assumptions of the relationship between symptoms and the functional ability of an individual. What skills or abilities are actually required in obtaining and maintaining independent accommodation, and are the traditionally assessed functional abilities skills that consumers would like to develop? Research also supports the Pathways model in by demonstrating that the most effective way to teach skills in home management is in the actual environment where they will be used. A review of the literature also raises the question of what actually predicts maintenance of housing tenure in this population, with some suggestion that some minority groups or people with comorbid substance abuse are particularly at risk of not maintaining tenure. Several methodological issues are relevant in reviewing the literature surrounding the question of pathways to housing for the mentally ill. These include how participants are selected and the range of services or supports involved. Given the heterogeneity of people with a mental illness, is the clinical diagnosis a meaningful way of controlling for individual characteristics in measuring outcome, or would the severity of symptoms or level of distress be more appropriate? What is a meaningful way of measuring outcome in housing? Is it number of days homeless, housing status at the end of a time period, consumer rating of needs or goals, or the health outcomes or benefits resulting from having stable accommodation. Learning objectives 1. Participants will learn about recent findings in research regarding access to housing for the homeless population with mental health problems. They will develop an understanding of how the Pathways to Housing study challenges many widely held clinical assumptions about the symptoms and functional abilities of homeless people, and will be able to examine the implications of these principles in their own clinical environment. 2. Participants will explore the important role that Mental health services play in articulating the needs of people with mental health problems who are homeless. They will develop an appreciation of the challenges and issues surrounding what is considered best practice and the issues involved in providing effective outcomes.
S106 Homelessness and Mental Health
22/08/2002 From: 1030 To: 1230 Venue: Pyrmont Room 2
Paper 20 Minutes: Mental Health and Homelessness: Where to now?
Jenna Bateman
The Mental Health Co-ordinating Council (MHCC) is the peak body for non-government organisations working for mental health in New South Wales. As such, MHCC's membership is comprised of various non-government organisations (NGOs), government agencies and other interested groups delivering services in areas such as employment, information, leisure, rehabilitation, outreach, accommodation and consumer and carer advocacy. This paper has arisen through the need to gain a better understanding of how to address the issues around mental health and homelessness that are so often flagged by the MHCC membership. In an attempt to provide some headway into the problems faced by service providers, this paper will discuss models of intervention and service provision that are known to be effective for homeless persons with mental health problems. Like many organisations and services nationwide, MHCC is increasingly aware of the growing number of people with mental health problems becoming homeless. Homelessness and risk of homelessness does not only occur in the inner city. A major contributing factor to the inability to sustain permanent, secure accommodation is low or no income. The cyclic nature of mental illness can often disrupt the employment path of a person with a mental health problem. As a result, people with mental health problems are often faced with a sketchy career path leading to periods of unemployment and little or no income. Learning objectives include: (i) Examination of the pathways that lead to homelessness for people with mental health problems. (ii) Review of a range of services delivering programs to assist homeless persons with mental health problems. (iii) Identification of barriers to good outcomes (iv) Partnership initiatives which can address the diverse needs of people who are homeless or at risk of homelessness (v) Recommendations for the future direction of service provision for homeless people with mental health problems.

S107 Innovations in Consumer & Carer Approaches to MHS Delivery
22/08/2002 From: 1030 To: 1230 Venue: Skyline Room 1
Paper 20 Minutes: Future Directions - For a Planned Lifetime Assistance Program
John Skelton
This Paper will draw on the experience of the model operating in the U.S.A. and the results of the research report - Future Directions - For a Planned Lifetime Assistance Program for People with Mental Illness (an inquiry into long term care needs of those affected by mental illness and a social justice based model for carers). 'What will happen when I’m gone - or am no longer able to care for my relative who has a mental illness?' is the crucial dilemma facing most family carers of people with a psychiatric disability. Families are the primary care agents, and the need for ongoing care of the person with mental illness often extends beyond the lifetime of the caring relatives or beyond the age when they are capable of maintaining the caregiving role. Satisfactory solutions to this dilemma are difficult to find in Australia, and ARAFMI Queensland is currently investigating options for establishing a Planned Lifetime Assistance Program. During 1999 ARAFMI Queensland became interested in PLAN future care concept - a range of 24 programs now operating in 17 states in the U.S.A. under the umbrella of the PLAN (Planned Lifetime Assistance Network) Alliance. The implementation of a PLAP in Australia will fill a crucial vacuum in the existing range of support services for people with mental illness and psychiatric disability. Learning Objectives 1.Participants will gain information on the Planned Lifetime Assistance Network currently operating in the U.S.A., the Queensland research into the long term care needs of families caring for a person with mental illness and an outline for the establishment of a parallel program in Australia. 2.The issue of a Planned Lifetime Assistance Program is relevant, as the needs of family carers of people with mental illness have long been underestimated. The Planned Lifetime Assistance Program, based on a community model, can provide an outstanding example of best practice in the mental illness and psychiatric disability field.
The CDP is a project of the Mental Health Council of Australia (MHCA), supported by funding from the Commonwealth Department of Health and Ageing. The aim of the project is to enhance advocacy among mental health consumers and carers through a number of initiatives, which are based on the use of 'The Kit: A guide to the advocacy we choose to do.' In order to provide a fair and equitable distribution of the Kits across Australia, the main dissemination strategy undertaken by the project was to set up 'Free Access Centres' (FACs) across all states and territories. Each FAC was provided with one or more copies of the Kit and agreed to provide easy access to the Kit among members of the mental health community. Earlier this year, the impact of the dissemination and the promotion phases of the CDP were evaluated by the Hunter Institute of Mental Health (HIMH). This presentation will be delivered in two sections. Firstly, it aims to provide information on the selection process and the establishment of the Free Access Centres across Australia. Secondly, an evaluation of the dissemination and promotion phases and the outcomes of the CDP will be presented.

Learning Objectives 1. The audience will learn about the actions that have been taken by the MHCA in an effort to enhance advocacy among mental health consumers and carers throughout Australia. This will include; why the CDP was developed, a description of 'The Kit', the process involved in establishing the Free Access Centre System, National consultations, the development of Curriculum Development Education Packages and the future goals of the CDP. The audience will gain knowledge about the recent progress and outcomes of the CDP, including the effectiveness of the distribution of 'The Kit' via the Free Access Centre System, the main achievements of the CDP and future priorities for advocacy training. 2. The CDP is a nation-wide project that aims to assist consumers and carers in advancing their advocacy, and participation, in the mental health sector. 'The Kit' is a useful resource that has the potential to empower individuals, by providing information about advocacy and advocacy skills. It is expected that an increase in advocacy will lead to an improvement in the awareness of mental health issues both within the mental health sector and throughout the community.

The paper will demonstrate the value of a collaborative approach between the service and it's consumers. It will provide an overview of an ongoing action research project into how the Royal Children's Hospital Mental Health Service can be more responsive to the information needs of consumers and carers. What makes this particular model unique is the close collaboration between the Project Officer and the service's Consumer Consultant. This has meant that the process has been underpinned by the consumer perspective at all levels. The research undertaken involved extensive consumer consultation in order to identify their perspective of what information is necessary to ensure positive outcomes. This data was used to inform the development of a range of strategies to improve engagement between the consumer and the service, and to raise collective awareness of the issues that consumers face. The overall aim being to establish ongoing mechanisms to facilitate continuous improvement of the processes for both consumers and clinicians. Learning Objectives: 1. Understanding the effectiveness of a collaborative and an wholistic approach when engaging with issues that impact consumers. Be able to critically analyse the information needs expressed by consumers and be able to consider a range of strategies that can be used to address these needs. 2. It uses a collaborative approach between consumers and the service to improve practices specific to consumer participation.
Since August 1999, carers have been employed at our Service as Peer Supports and Consultants through COPES. This paper will illustrate that whilst there are costs involved in this work it is generally thought that benefits largely outweigh the costs. The Costs: Carers who use the COPES program may have their comfort zone challenged. Consumers may potentially feel threatened or excluded. The System is required to pay for a previously free service and Staff's preconceived ideas about carers are challenged. The Carers as Workers experience an impact on the relationship with their family member, particularly where the consumer views the system as adversarial. The emotional nature of the work can resonate with past and present issues, and the privacy of the family can potentially be compromised. The Benefits: For the Carer, these include empowerment, reducing isolation and being heard. For Consumers, there are the flow-on benefit of carer well-being including improving family understanding and communication. For the System and Staff, COPES educates staff regarding the issues families face when their loved one is ill. As one consultant psychiatrist said, 'COPES helps keep us honest'. For the COPES workers, benefits include recognition through payment, and gaining respect as an individual and as a carer-worker. Learning Objectives: 1. Carers as workers offer a unique perspective and a range of benefits to the Service and Carers, but not without costs. Participants will learn what these costs and benefits are. 2. Deinstitutionalisation has had a profound effect on carers in the community. This presentation shows that carer peer support helps carers carry out their role effectively and maintain their own well-being. 3. Whilst there are costs involved in this work, it is generally thought that benefits largely outweigh the costs, as evidenced by the fact that the past two years has seen the emergence of five carers employed in other Area Mental Health Services in Melbourne.

The Creative Arts Therapies and Their place in Mental Health
1. Introduction Joanna will introduce the audience to the unifying themes of the Symposium. a) History of arts therapies in mental health settings. b) Arts therapy as container/aesthetic distancing. c) The value of creative arts therapies to client populations. d) The Cumberland Hospital arts therapies model. e) The consumer view: what are the benefits? 2. Music Therapy and Mental Health Dr. Rosemary Faire will describe her 'indigenous art-centred model' of music therapy used by her in two mental health settings. She will explain the musical relationship within containment and give examples of clients' work. 3. Moving Beyond Words to find Meaning and Connection Helen Clarke Lapin, Dance/Movement Therapist, will use her experience working in three different clinical settings to demonstrate the value of dance/movement therapy for consumers. 4. Art Therapy and its Genesis: Facilitation of the Art Therapy Process in a Psychiatric Setting This presentation will focus on the creative process rather than the completed art product. It evaluates Maralyn Nash's facilitation of an Art Therapy Programme as part of the multi-disciplinary team of a large public psychiatric hospital. 5. Dramatherapy - An Experience of a Lifetime Two consumers who have experienced dramatherapy in different settings and have achieved personal growth and developed goals as a result of their learning will promote the benefits of dramatherapy. Paula Hanlon attended a course where consumers and mental health professionals learned strategies and techniques, and Sam Scicluna describes its influence in a recovery setting. Michael Currie: This paper reviews and critiques past approaches to the use of music as a therapeutic medium, arguing for a more rigorous and comprehensive approach recast within a multi-leveled group therapy approach. After a brief reflection on the nature of music, the paper will move to explore the
myriad possible uses of music in therapy, including the possibilities of music as a metaphor for emotional experience, for engaging resistant patients, for illustrating and reinforcing current approaches within therapy and to provide opportunities for learning about responses and their consequences within interpersonal situations. Examples of techniques within each of these areas are outlined and illustrated with clinical vignettes from the author's PhD research on the use of percussion in group therapy with aggressive adolescents. A model, integrating cognitive, narrative and group approaches is presented outlining the multiple levels of therapeutic action of music within therapy, which accounts for music's therapeutic efficacy within 'difficult to treat' populations. The use of this model, from the initial 'resistant' stages of therapy, to the generalization of therapeutic gains is discussed. A number of broad principles for the application of music in therapy are outlined, in light of the specifics of the model discussed. Karen Drysdale, Department of Behavioural Sciences, University of Newcastle & Maralyn Nash: Art Therapy and its genesis: facilitation of the art therapy process in a psychiatric setting. This paper presents an overview of the historical background to the development of the Art Therapy profession and evaluates the facilitation of an Art Therapy Program in a public psychiatric hospital in Sydney. An introduction to Art Therapy theory highlights key aspects such as the focus on creative process rather than completed art product, the role of the Art Therapist in a psychiatric setting and delivery of group and individual sessions of Art Therapy. The fit of Art Therapy within a Creative Therapies Program offering Art, Music and Drama Therapy at Cumberland Hospital, provides a current example of these theoretical principles in practice. To encourage a more informed understanding from the audience of the artwork produced by clients presenting with schizophrenia and other forms of mental illness, an explanation of the artwork produced by clients of Cumberland Hospital (with written consent) will be supported by visual and text examples. In conclusion, it is the objective of this presentation to build an empathic response from the audience in understanding the work of Art Therapy and Creative Therapies in supporting our client's potential for creative self-expression, communication and insight within the framework of an institutional setting. Helen Clarke Lapin: Dance/Movement therapy: Moving beyond words to find meaning and connection. This paper presents a brief history of the development of Dance/Movement Therapy, followed by a discussion of the theory and application of Dance/Movement Therapy in three different clinical settings in Sydney. The clinical settings discussed are: group work with Autistic children at a Special School, group work with outpatients with Schizophrenia at a Private Psychiatric Hospital, and individual work with a client at a Women's Therapy Centre. A specific application of Dance/Movement Therapy is focused on in each setting, in order to provide the audience with an insight into how Dance/Movement Therapists work and to discuss specific therapeutic aims. In conclusion, it is the objective of this presentation to give the audience some understanding of the value of Dance/Movement Therapy for three distinct client groups. Paula Hanlon: Dramatherapy, the intentional use of drama in a recovery setting, aims to achieve psychological growth and change. The experience of mental health problems results in a loss of self-esteem and confidence that perpetuates the disempowered and stigmatizing self-belief that many people living with mental health problems struggle to overcome. Symptom relief is one aspect of recovery, developing a personal belief and strength is a major part of maintaining and sustaining recovery. The two consumer presenters have experienced dramatherapy in different settings and have achieved personal growth and developed goals as a result of their learning. The first presenter will share her experiences of attending a course where consumers and mental health professionals learned strategies and techniques while experiencing the self-development impact of dramatherapy. The mix of theory and experiential enables the participants to understand empathise with the difficulties in opening oneself to something 'new' and 'a little threatening'. The second presenter will provide an insight into the personal growth and the influence on his recovery journey from attending a weekly dramatherapy class. He will describe such experiences as, how a dramatherapy exercise using masks has assisted his understanding of why he uses masks in personal and professional settings. The presentation will promote the benefits of dramatherapy in a recovery process and encourage wider use of a technique that is successful, encouraging, empowering, and most of all FUN.
Rosemary Faire: Music Therapy and Mental Health  
Abstract: 'This paper introduces the audience to the field of Music Therapy, its ancient roots, the diversity of modern professional practice, and the challenge to bridge the world views of art and science. Dr Faire will describe an 'indigenous art-work centred' model that underpins her work as a Music Therapist in mental health settings at Cumberland Hospital, Parramatta and Westview Life Skills Program in Chatswood. At the core of this model is the concept of 'Spielraum', or 'space to play': a space created by the container of a musical relationship, a space in which an 'alternate experience of worlding' through the imagination can reveal fresh insights, and sometimes offer a gift. A particular Music Therapy method, song writing, will be used to illustrate the way in which songs can act as containers, as vehicles for 'aesthetic distancing' through which the writers can view their current concerns and emotions. Examples will be given of song lyrics which have emerged from Music Therapy sessions, the themes that recur, and the roles such songs may perform in the lives of their composers. The audience will thus gain some insight into the depth and breadth of Music Therapy as part of the Creative Arts Therapies' valuable contribution to mental health services.

S109 Recovery and Community  
22/08/2002 From: 1030 To: 1230 Venue: Skyline Room 3  
Paper 20 Minutes: Social Exclusion is a Mental Health Hazard  
Judith Ball  Jane Crowe  
The mental health of individuals cannot be separated from the mental health and value-systems of populations and communities. The individualistic focus of the medical model tends to obscure the way social values and relationships define and maintain 'mental illness'. Why is it that people who experience psychosis have a much better prognosis if they live in a developing country than in the West? Why is it that mental illness, particularly depression, is on the rise worldwide? This paper briefly explores the relationship between social values and individual well-being, and suggests that a more holistic approach to mental health care that understands humans as fundamentally social beings is required. Our basic emotional needs - to feel cared about and to feel worthwhile - are as important as our physiological needs, and these needs can only be meet in relation with other people. There is a great deal of evidence that shows that social isolation is detrimental to mental health and that social connectedness is a protective factor against mental illness, suicide and relapse. The Compeer Program, which matches trained volunteers in friendship relationships with people who are living with or recovering from mental illness, thus reducing isolation and increasing community intergration, is outlined. Learning Objectives: 1. The audience will gain an understanding of Compeer's aims and functions and the evidenced-based theoretical underpinnings of the program. 2. This topic is relevant to mental health services in general since all services are challenged by the questions this paper raises about the relationship between the individual and society.

S109 Recovery and Community  
22/08/2002 From: 1030 To: 1230 Venue: Skyline Room 3  
Paper 20 Minutes: A carrot on a stick - activities' fund that breaks social isolation  
Iwona Pattison  
We all need constant reassurance from people around us that we are wanted, capable, liked and loved. But what happens to a person who is socially isolated from contact with other people, who has very little confidence and self-esteem to seek these contacts and no money to even try to do anything? Sounds familiar? How can we assist people in such predicament? Well, a model developed by Neighbourhood Access Program in Adelaide may provide some useful strategies for service providers. It supports people with mental illness to expand and strengthen their social networks by participating in community based recreational activities. This framework offers participants control over a small activities fund that they can use to set themselves up in recreational activity(ties) of their choice. Participants receive lots of encouragement to extend themselves and constant recognition of their capabilities. Increased self-esteem and new, informal supportive networks enable people to carry on with their
activities beyond the program's involvement. The audience will find out how a consumer-driven, non-clinical approach can create sustainable lifestyle changes for people with mental illness who present as socially isolated. Neighbourhood Access Evaluation Report that looks at 5 years of the program operation will be distributed. A short video comprising interviews with program participants and representatives from associated services may be screened. Learning objectives: 1. The audience will learn how a consumer driven, non clinical approach can create sustainable lifestyle changes for socially isolated people with mental illness. 2. The audience will be informed about the Neighbourhood Access evaluation process and what were some of the outcomes for program participants.

S109 Recovery and Community
22/08/2002 From: 1030 To: 1230 Venue: Skyline Room 3
Paper 20 Minutes: Knowledge as a Tool for Mental Health Recovery
Michelle Cowie-Scott
Grampians Psychiatric Services has had in place a Consumer & Carer Education Officer position for the past two years. The position has a primary focus on providing educational support to consumers, their carers and families. To date the position has developed a number of unique education programs with the involvement of the consumer consultants and carer advisory group. The aim of this presentation is to discuss the education programs and the importance of using knowledge as a tool for recovery in Mental Health Education. The programs presented will be: ‘Survivor! (A program that won a health and well-being award in 2001) ‘Learn to Live’ (consumer only education and information sessions) ‘Embracing Wellbeing’ (one day carer workshop) ‘Carer Resource Information Book ‘Admission - a carer's story’, video ‘ECT - information for patients and family’, video ‘Consumer Mental Health Promotional Calendar The more understanding a person has about their illness and how it is influencing their lives and that of others, the more control that person has over their illness. The Education Officer position aims to enhance this understanding and hence assist people to have control of their lives. Learning Objectives: 1. To learn about the Education Officer position and the programs developed, and understand the importance of education specific to consumers and carers. 2. Accurate information and education about mental health issues are essential for consumers to gain control of their lives, and for carers and families to make sense of what is happening to a person who is experiencing a mental illness, and help them care for that person.

S109 Recovery and Community
22/08/2002 From: 1030 To: 1230 Venue: Skyline Room 3
Paper 20 Minutes: The Marumali Healing Model Integrating into the Community
Gary Cooper
The Marumali Training was an experiential workshop. Lorraine Peeters (the author of the model) walked through all the steps and at each point - I was able to gradually work through my own feelings, as well as understand what was happening to me before moving onto the next level. I want to share how I perceived the Marumali model to be ideal, in particular how the 'Bring Them Home' unit of the Bega Garnbirringu Health Services propose to implement the Marumali model as we plan reunions of our own throughout the Goldfields Region. The Marumali model is easy to follow, there is no complicated jargon. I believe the Marumali model is one pathway to assisting the many victims of the 'Stolen Generation' in their journey of healing. As the 'Bringing Them Home' Counsellor, I have started to integrate the model in how I work with my clients and I look forward to implementing the model further. Learning Objectives: What will people in the audience gain or learn from attending this presentation? How is this topic/issue relevant to mental health services and mental health issues? In the past, mainstream practices have a been in conflict with Aboriginal ways of healing. My presentation will focus on the Marumali Model as one pathway that is innovative and culturally appropriate. Participants will hear first hand, a case
study, and how practitioners can integrate two-way systems (Traditional and Western) practices within Mental Health Services.

**S111 International Models of Consumer Delivered Services**  
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 2  
Invited Symposium: Innovations in consumer-delivery services: models from around the world  
Leonie Manns  
This symposium will examine a number of consumer delivered services from Italy, the UK and the US. Overview presentations of these services will be given by Leonie Manns, Ron Coleman (UK) and other well-known consumers. The services examined will include rehabilitation services, work programs, case management and self-help. The purpose of this session is to establish whether any of these models of service delivery are transportable to the Australian and/or New Zealand mental health systems. A service provider from the NSW system will discuss the possibilities of the development of this type of service within the current systems. The formal presentations will be followed by open discussion that will hopefully deliver some solutions and strategies of how to introduce true consumer operated services. Ron Coleman's presentation is called 'Hearing Voices - a normal response to abnormal experiences' and is a personal and moving account of Ron's own experiences. Leonie Manns is an Australian consumer who was awarded a Churchill fellowship to examine consumer operated services in Europe, the UK and the US. Ron Coleman, CEO of Keepwell Ltd, will argue that hearing voices is not in itself a symptom of mental illness. Rather hearing voices for many people who have been caught up in the psychiatric system is a response to distress or life events over which they had no control. There are ways in which we can work with those that hear voices or have other psychotic experiences that can enable those who do not respond to drug treatments to reclaim their lives and citizenship. The work presented is rooted in the research and work of Romme and Escher, Smith and Coleman and others both in the UK and abroad. The main aim of the presentation will be to enable those who work with, care for or are themselves experiencing voices to start the process of recovery.

**S112 Transcultural Mental Health**  
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 1  
Paper 20 Minutes: Improving mental health for the Asian community: Too little, too late?  
Samson Tse  
Results of the latest New Zealand Census (June, 2001) revealed that the Asian population has grown from the fourth in 1996 to the third single largest ethnic group in the country, just behind Maori. On surface, the Asian community seems to settle very well in New Zealand. Contrary to popular belief that the Asian community is very self-sufficient and wants to be left alone, the Asian community begins to show warning signals of deteriorating mental health. This paper examines issues related to children, youth and family, domestic violence against women, problem gambling, education, psychiatric morbidity and elder care services in New Zealand. Australia's statistics and scenarios are referred to when appropriate. The paper is concluded by highlighting a basic framework to aim at monitoring and improving the mental health status of Asian community in New Zealand. Learning objectives The audience will: 1. Increase their understanding of mental health issues urgently concerning the Asian community in New Zealand and Australia. 2. Gain some ideas of how to start improving mental health status for members of the Asian community.
S112 Transcultural Mental Health
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 1
Paper 20 Minutes: What is the best way to help non-English speaking people to access mental health services
Hua Cao
Many studies have showed that non-English speaking people have lower access rates to both inpatient and outpatient mental health services. How can people's access rates be improved? At one end, it is the professional mental health workers who are mainly English speaking people. On the other end, ethnic people don't speak much English and have no knowledge about services and are not aware of how to look for help. There are some bridging services missing in the middle which can connect the two ends. The Transcultural Mental Health Program at Action on Disability within Ethnic Communities (ADEC) has tried hard to work out a model to build this bridge. The model has 4 stages of development which are ethnic community education, referral and counselling services, formation of mental health self help and mutual support groups and bringing up the needs and issues to government. This model really benefits many non-English speaking mentally ill people and increased their access to mental health services. We would like to promote and discuss this model so that more non-English speaking mentally ill people can benefit from mental health services.

S112 Transcultural Mental Health
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Auditorium 1
Paper 20 Minutes: 'One size does not fit all' - Understanding the complexities of working with people from Culturally and Linguistically Diverse (CALD) Backgrounds in Mental Health settings
Jenny Ward Rodrigo Aguilera
Our Mental Health System in Australia has developed over many years. We have reached a point where mental health consumers have established and hard won rights within the system. Mental Health service providers deal primarily with the individual consumer - consultations are conducted with the consumer, information exchange is to/from the consumer and the therapeutic relationship between the consumer and the service provider is seen to be very important and guarded closely. However, Australia is a multicultural society. We have a vast diversity of cultures, languages, religious beliefs and customs. It is naïve to expect that we can approach each situation, or group of people in the same manner. This workshop takes a very 'hands on' and interactive approach to experiencing (and consequently learning) how our traditional approaches to mental health service delivery may not necessarily provide a respectful, helpful or even useful service transculturally. Fundamental differences in the way we view life will be explored and participants will experience first hand the difficulties that prevail when individualistic and collective society views collide. Cultural differences exist across a number of dimensions and the mental health professional needs to be aware of and sensitive to these factors. Discussion around these issues will reveal transcultural differences in: When it is appropriate to share information and with whom; who is expected to be the primary point of contact; mores regarding eye contact and physical contact; perceptions of mental health issues (including stigma, other explanations for the problems etc) the rights/responsibilities of the consumer, family, and mental health professionals. Participants will have the opportunity to experience interactions with mental health services from the perspective of the CALD consumer and their family - by way of role plays and interactive discussions. Language is much more than words. It is a complex system of symbols, words, nuances, intonations, gestures, and punctuation - all imbued with a sense of meaning. Meaning can be quite different depending on the communicator and the intended recipient. Even though English is spoken in Australia as the primary language it is possible for two English speaking Australians to be quite incomprehensible to each other. How much more difficult is it to communicate with people when the languages spoken are completely different. Communication of concepts (such as wellness/unwellness) is even more difficult. Rodrigo Aguilera from The Mental Health Foundation (ACT) Inc., has prepared a brochure for workers in the mental health field to assist them in finding appropriate, respectful ways of
assisting these people. Participants will receive a copy of this brochure and learn how to utilize it in their contact with people from CALD backgrounds. Learning Objectives 1. Participants will gain a greater understanding of the enormous difficulties people from CALD backgrounds face when trying to negotiate their way through the mental health system in order to obtain help/treatment for themselves or a family member. They will also gain a greater appreciation and understanding of their part in this process and strategies they can use to assist people from CALD backgrounds.  2. Australia has a diverse variety of people from different cultures, countries, language groups and religions. One in five people in the population will experience some form of mental illness in their life-time, including those from a CALD background. Consequently, these people will come into contact with mental health services and we need to be able to assist them to deal with their mental health issues in a helpful, culturally appropriate and respectful manner.

S113 Management & Quality
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: Improving quality of life: A funding model for personal care support for psychiatric hostel residents
Duane Pennebaker
The quality of life issues for people with a psychiatric disability are well known. The aim of this project was to develop a funding model for purchasing personal care services for persons with a psychiatric disability living in 17 licensed psychiatric hostels in metropolitan Perth. A personal care support (PCS) framework was developed and operationalised to provide a measure of the level of personal care support need in eight areas of daily living. The PCSAQ was administrated to a purposive sample of 60 psychiatric hostel residents representative of the spectrum of disability prevalent among the 492 psychiatric hostel residents. In addition, a multitrait-multimethod was used to test the validity of the PCSAQ. Data collection was designed to mimic clinical conditions for assessment. In addition data was collected from hostel carers on the amount of time (in minutes) required on average to meet the personal care needs for each individual resident (4 at each hostel). There was great deal of agreement (0.92) on the time reported by the hostel carers required to meet the particular personal care need. The PCSAQ demonstrated a high degree of reliability (Cronbach alpha = 0.89) and validity. Multiple regression was used to create weights for each personal care support area. These weights were then used as the basis for determining a funding model for individualised purchasing of personal care support. The funding model was tested for sensitivity and found to be robust. It has been adopted for implementation by the local health department.

Learning Objectives 1. The audience will acquire information about identifying and assessing personal care needs for those with a psychiatric disability living in a hostel environment. Further those this, the audience will gain information on how to link individual needs and funding into individualised service packages. 2. The relevance to mental health services is understanding the need to develop approaches that provide a holistic view of ‘people needs’ or quality of life and linking these to a means-end approach to service delivery and funding.

S113 Management & Quality
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 2
Allen Gomes Duane Pennebaker Neil Preston Robert Browton Sue Robinson
The Second National Mental Health Plan sets forth priorities for the development of mental health informatics in Australia, which include the integration of consumer outcome measures into the daily practices of clinical services. The purpose of this project was to ascertain facilitators and barriers to the implementation of standardised psychometric consumer outcome measures, as perceived by public MHS directors and clinical staff. Data was collected through an online intranet-survey administered through the DOH intranet and face-to-face or telephone interviews with service directors and their nominees. One hundred and eighty two valid cases were obtained from the intranet-survey for analysis, yielding a
response rate of approximately 21% with 77% of respondents being MHS clinicians. For the interviews, the overall participation rate was 59% with similar participation rates from rural and metropolitan areas. These participants were eleven metropolitan and six rural service directors, 13 metropolitan and nine rural clinicians. All but one of the 12 metropolitan and all 6 rural service directors were interviewed. Just under a quarter of clinicians indicated they used standardised psychometric instruments as a routine part of their clinical practice. On average, less than a fifth clinicians had used the tools specified in the proposed system in practice, received formal training, or had sufficient knowledge to volunteer an opinion as to whether they were credible, relevant or appropriate outcome measures. Less than half of them were able to provide the name of a standardised clinical measure they had previously used in practice. Significant issues in staff training and upper management support also emerged. Other barriers and strengths to the proposed measurement of consumer outcomes are discussed. Learning objectives: 1. The audience will gain an understanding of the preparedness of public mental health services to implement standardised consumer outcome measures. 2. The topic is relevant to mental health clinicians, managers and policy makers concerned with implement standardised consumer outcome measures.

S113 Management & Quality
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 2
Paper 20 Minutes: The development of a Model of Service Delivery in an Extended Mental Health Service-Organisational Change.
Christine Thorburn Peter Kelsy
Staff of the Toowoomba Health Service District Mental Health Service (THSDMHS) recently developed a Model of Service Delivery to progress the reorganisation of service delivery to the Acute and Community sector of Toowoomba and surrounds, and the provision of services to the District Network which includes five Health Service Districts with a population of nearly 275,000 people. The Acute and Community mental health service includes 57 inpatient beds and five teams which operate in the community. The MHS delivers services to over 200 consumers in the extended inpatient service which includes five specialist mental health program areas and a program area with a focus on intellectual disability. These consumers are referred from an extensive catchment area including Health Districts from Charleville to Rockhampton (the intellectual disability program area does not accept admissions). The Model was developed and implemented in the context of National and State reform agenda (National Standards for Mental Health Services, National Action Plan for Promotion, Prevention and Early Intervention for Mental health 2000, and the Second National Mental Health Plan which includes the platforms of development of partnerships in service delivery, Health Promotion and Prevention and ensuring quality effectiveness). The current trends in health care including evidence based practice, consumer focus, individualised care and community integration support the Model of Service Delivery. The model has also progressed change required under to the '10 Year Mental Health Strategy for Queensland (1996)' by introducing a range of community services and extended care program areas. These acute and extended program areas provide the spectrum of services across the life span to meet the needs of consumers with mental health problems of differing levels of severity across all specialised program areas. The presentation will outline the process of development of a Model in a large and complex organisation, emphasising the positive outcomes of the change process while acknowledging the challenges encountered and the organisations response to these challenges. Learning Objectives: 1. Participants will gain an insight into a process of change required to alter a Model of Service Delivery in a large and complex organisation which includes and values all components of service delivery, including Acute and Community services, extended services in the program areas of Medium Secure, Extended Treatment and Rehabilitation, Acquired Brain Injury, Dual Diagnosis, and Older Persons Extended Care. 2. Mental Health Services across Australia are undergoing change to ensure that they recognise the human rights of people with mental disorders as proclaimed by the United Nations Principles on the Protection of People with Mental Illness. Services are also expected to support the Australian Health Ministers Mental Health Statement of Rights and
Responsibilities. THSDMHS has incorporated these reform documents and the subsequent National Mental Health Strategy documents into the Model of Service Delivery to drive comprehensive coordinated and individualised care.

S114 Education & Training: Innovations in the Tertiary Sector
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: The Impact of a Consumer Academic in Changing Attitudes of Postgraduate Psychiatric Nursing Students to Consumer Participation
Brenda Happell   Jaya Pinikahana   Cath Roper

Changes to government policy have increased the expectation that consumers be provided with the opportunity for active participation in the structure and delivery of mental health services. Consumer involvement in the education of mental health professionals, including nurses is considered crucial to achieving this aim. In this paper the authors will present the findings of a study designed to ascertain the impact of a mental health consumer employed as a member of the academic team on the attitudes of postgraduate psychiatric nursing students towards consumer participation. A self-administered questionnaire was administered to students at the commencement of their educational program (n=25) and again at the end (n=19) exposure to the teaching of the consumer academic. The questionnaire was developed by the authors, based on the instrument developed by Kent and Read. The findings at pre-test suggest that most students favour consumer participation in specific areas of treatment planning and delivery, but are less favourable to participation on a more systemic level. The post-tests suggest a more positive attitude towards consumer participation within mental health services. A comparison of results suggests that support for consumer participation increases following exposure to the consumer academic reinforcing the value of mental health consumer academics in psychiatric nursing education.

S114 Education & Training: Innovations in the Tertiary Sector
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: The Value of Community: Consumers 'being with' others
Sue Vandenberg

This presentation will outline an initiative of the School of Nursing and Midwifery at the University of Newcastle. Mental health 'camps' were implemented as a means of overcoming the decreased number of mental health sites available for student placement in its Bachelor of Nursing course. These camps are a means by which its students can spend time with people who have a mental illness and gain experience in mental health nursing. In addition, I will present findings from my phenomenological study into the consumer experience of these camps. One of the major themes which arose from the study was the value that consumers place on social relationships and being with other people. Consumers go through a process of getting to know faculty staff, students, and other consumers, and during the camp a community is formed, with its members looking out for, and after each other. Mental health professionals should be aware of consumers' often-overlooked fundamental need to belong to a community that values their humanity and their capacity to contribute to others. The camps are one means of addressing these needs, despite taking place over a relatively short time period. Learning Objectives: 1. Awareness of the pressures being placed on tertiary institutions to meet educational criteria in the current health climate 2. Provides information on consumer issues which can be overlooked within current services

S114 Education & Training: Innovations in the Tertiary Sector
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 3
Paper 20 Minutes: Partnerships for Best Practice: Guidelines for University Education in Health Sciences
Moy Dibden
Education is the key to empowerment and better health outcomes for both consumers and carers. It is essential for change in community attitudes towards mental illness and disorder, and the foundation for effective working partnerships between consumers and carers, consumers, carers and mental health professionals, and consumers, carers and policy makers. This paper will briefly describe the background and development of partnership between School of Occupation and Leisure Sciences and the NSW Consumer Advisory Group Mental Health Inc as one example of the many initiatives currently occurring in NSW but we believe the first partnership between university and consumer/carer group. Principles developed through this partnership can be extrapolated to underpin health science education in all disciplines; nursing, medicine, occupational therapy, dentistry, social work and psychology. As a result of ongoing evaluations of the learning outcomes and dialogue between key stakeholders; students, academic staff, consumers and carers, guidelines have been developed for partnerships with consumers and carers and best practice in university health science education. In conclusion, we propose these guidelines for preparation, design, implementation and evaluation of partnerships in health science education. Learning objectives: 1. To enable the audience to gain knowledge of the guidelines developed from consumer and carer partnerships with university educators in health professional education based on an initiative in the School of Occupation and Leisure Sciences, University of Sydney 2. To enable the audience to increase their understanding of the key issues and elements of laying the foundations for effective partnerships for best practice through the implementation of partnerships in university education in health sciences.

S115 Consumer Participation & Recovery
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 4
Paper 20 Minutes: Resistance and change: enabling a space for effective change agency by consumers
Martyn Wilson Jodie Brown
Psychiatry has a long history of isolation, control and containment. Over the last few decades these barriers have been falling. The Consumer Movement (Mental Health) (CM) is a part of this on-going change, yet there has been resistance. There remains a level of tokenism and dismissal of consumers and the CM within many mental health services. This resistance can take the form of subverting the creation of 'spaces' where consumers can start to work more effectively as agents of change. For many, this can be far too confronting for the fear consumers will use that enabling space to challenge the system and staff from within the service structures. We will explore the CM as a social movement in terms of the resistance experienced from mental health services and possibly society at large, including resistance by the CM against modern psychiatric dogma and practice. We would like to offer some possible avenues for exploration on how the CM might make itself a learning movement, and how consumers can engage in further learning in order to decide on action. Before turning our attention to effective action challenging and employing resistance, it will be argued that the main form of resistance by consumers can be a result of effective organisational learning towards strategic social action. Learning Objectives: 1. Participants will have an opportunity to explore the nature and culture of resistance to consumer participation by mental health services. Further, the Consumer Movement will be discussed in terms of change agency and engaging in strategic social action towards productive resistance. 2. The way resistance occurs between consumers and carers, and staff in the mental health system needs to be discussed and analysed in order to understand the dynamics of power influencing change agency.
Aspire: A Pathway to Mental Health, is a Psychiatric Disability Support Service located in South West Victoria. Aspire is unique in the provision of its support service, and in the way that it embraces the concepts of empowerment and participation at every level and in every area of its operation. This paper aims to describe the fundamental philosophical base of the Organisation which enables participants to take control over their programs and services, decisions, their physical space within the Organisation and through the provision of individualised support and rehabilitation, ultimately their lives. Furthermore, this paper aims to demonstrate how participation within the Organisation, and the creation of opportunities to participate in the community, contribute to an individual's recovery. The term 'recovery' is one that is now commonly used in the PDSS sector and the mental health field generally. Psychiatric disability and recovery is viewed by the authors as a source of richness and personal growth. For the purposes of this paper, 'recovery' is defined as 'A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributive life even with the limitations caused by the impairment. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of the impairment.' (Farkas, Soydan & Gagne, 2000 cited in 'Overview to Boston University Approach to Psychiatric Rehabilitation') A number of participants have been involved in the writing and preparation of this paper, and the range and variety in the nature of this involvement is a further illustration of the diversity of people's goals, needs and aspirations, and how Aspire accommodates this. Learning Objectives: 1. The experience of being diagnosed with and treated for a mental illness can be incredibly disempowering. It is hoped that people in the audience will gain an appreciation of how important it is for people who have experienced mental illness to regain control over their own lives, in their own way, in their own time, with or without support. Without this, it is impossible for recovery to occur. Audience members will learn how Aspire aims to facilitate recovery, and encourage others to think about the way their own service operates and reflect on possibilities for greater participation by those for whom the service exists. 2. This topic is critical to mental health services. It is imperative that services adopt a client focussed approach, so that individuals are supported to fully recover, developing meaningful pathways and opportunities to participate in their life and in their community as they see fit.

Our paper/presentation informs the THEMSSH Conference of a consumer driven working party that enabled the unique opportunity for government, HealthCare professionals and consumers to develop a collaborative partnership within which to consider and distribute limited funding in fairness and equity to those most in need. Disability Services Qld called for referrals for Project 300. As only four referrals were received - all from within The Prince Charles Hospital and Health Services District, DSQ recommended that the process of referral to Project 300 be based on the activities of the working party set up at PRCCU. DSQ also envisaged that the project, once formalised, would serve as a guiding structure to other services within Queensland Health making referrals to Project 300. A consumer driven working party within PRCCU was formed with the aim of identifying its own activities in the planning and allocation of funding. The PRCCU Working Party Project 300 consists mainly of consumers and is largely driven by those same consumers. Its formal workings have
included discussions about procedures, guidelines, and negotiation and liaison processes both within and without government services. It has now established protocols for negotiating with other Mental Health Services and has become a driving force for equitable consumer well being. An outgrowth of the process of interaction and idea sharing in this committee resulted in a feeling of cooperation and a sense of teamwork among the consumer/members. In fact, a noticeable peer support system emerged, and those who participated developed an acceptance and awareness of their need for services that would facilitate their transition back into their local community. From this experience, and the corresponding acquisition of new knowledge and skills that it afforded, we propose that government's current emphasis on cost-effectiveness of services and consumers' human needs for happiness and health - indeed, their mental health - go hand in hand equally in such a shared vision. And we (the authors) strongly recommend that, in setting up such vital services in the community, governments offer consumers a more integral part in their own planning and implementation of funding allocations. Learning Objectives: 1. That given the opportunity, the Mental Health Consumer has a lot to give to the structure and planning of Mental Health systems. 2. We must never underestimate the potential in consumers and their ability to contribute to their own well being.

**S116 Human Rights & Ethics**

22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 5

**Paper 20 Minutes: Review of involuntary status: law and ethics**

**Neville Barber**

Every jurisdiction in Australia now has in its mental health legislation a mechanism for review of involuntary status by a Board or Tribunal. In some instances, the Board or Tribunal is empowered to make orders for involuntary status. In other instances, the Board or Tribunal is required to review involuntary orders written by psychiatrists, and decide whether or not those orders should continue. This paper will consider the legal and ethical tensions involved in the review of involuntary patients and the often unrealisable expectations placed upon Boards or Tribunals by society as a whole or groups within society. For example, although review boards are established to independently review the need for an involuntary order, they operate within the strictures of legislation designed to ensure that people who would otherwise not be treated, do receive that treatment. Thus, it is not surprising that in most instances, the orders made by psychiatrists are continued upon review, though some consumers and advocates consider that reviews should much more frequently discharge involuntary orders based upon concepts such as dignity of risk. The paper is intended to highlight the complex interrelatedness of mental health matters and provide some clarity about the expectations upon review boards. Learning Objectives: 1. The audience will gain a greater understanding of the complexities (and frailties) of the system of review of involuntary orders in place in all Australian jurisdictions. Some tentative proposals to ‘re-cast’ the current debate about independent review will be provided. 2. With the increasing emphasis on human rights and ethics as part of sound decision-making, the topic is very relevant to users of mental health services. (Though for many consumers the existence of review Boards and Tribunals may not impact directly upon them, because they are not subject to an involuntary order, the legislative scheme has significant symbolic importance).

**S116 Human Rights & Ethics**

22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 5

**Paper 20 Minutes: Community Treatment Orders - Therapeutic Jurisprudence in Action or Human Rights Violation**

**Tim Rolfe**

Community Treatment Orders (CTOs) were introduced to Western Australia as part of the Mental Health Act 1996. Most states and territories in Australia and a number of jurisdictions in the USA, Canada, New Zealand and more recently the UK have introduced the concept of the involuntary patient who resides in the community rather than in an institution. Involuntary treatment as part of mental health legislation has been the most consistently debated issue in...
mental health law and much of the focus has been on CTOs which extend the mental health service's supervisory control over people with a mental illness into the community. From one perspective CTOs are seen as the logical alternative to inpatient incarceration as it maintains people with a mental illness in the community where before due to lack of insight, non-compliance with medication and relapse they were routinely readmitted to hospital.

Therapeutic jurisprudence (TJ) is the study of law as a social force, which may produce therapeutic or anti-therapeutic consequences. In relation to mental health law TJ inquires into whether or not CTOs are beneficial to people with a mental illness. For example are the benefits of receiving enforced treatment outweighed by damage to the therapeutic relationship between the patient and the clinician. The view of most mental health practitioners is that despite the difficulties that arise in the management of CTOs, they are an example of how mental health law can be of therapeutic benefit to people with a mental illness. An alternative view and one expressed very strongly by consumer groups is that CTOs represent a human rights violation. People with a mental illness who are well enough to live in the community do not require such close and intimidating supervision. It interferes with people's right to choose their treatment, damages therapeutic relationships and diverts scarce community resources into legal rather than therapeutic services. This presentation, in considering the literature and consumer perspective, explores these two viewpoints. It considers whether changes to legislation and practice could result in improved community care while supporting people's human rights. Learning Objectives: 1. The audience will learn about the divergent views prevalent with regard to community treatment orders, a review of the research conducted as well as consumer and carer perspectives and ideas about how legislation may be improved to reduce possible human rights violations on people with a mental illness. 2. Mental health law is one of the most contentious issues in service delivery and it is clear that the use of CTOs and other types of compulsory community care will expand with the changes in the delivery of mental health care from an institutional to a community setting. It is an area of discussion, which is controversial and highlights the divisions between service providers and consumers. However it is also an area where with discussion and compromise some agreement can be reached as to how best to manage non-compliance in the community while maintaining a respect for the rights and dignity of people.

S116 Human Rights & Ethics
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 5
Paper 20 Minutes: Preventing Sexual Assault and Other Boundary Transgressions in Therapy: What consumers say they need to know.
Merrilyn Walton Sadie Robertson
The Royal Australian and New Zealand College of Psychiatrists is currently undertaking a project to prevent boundary transgressions, including sexual misconduct, by Fellows of the College. A possible risk factor for both doctors and patients is lack of clarity about the doctor-patient relationship and what is acceptable and what is not. Providing information about what to expect from this relationship and what to do when it is not developing as expected have emerged as two important strategies in preventing boundary transgressions. An important component of the project has been consultation with consumers to get their ideas about how to assist them in making complaints and what information they would need to alert them to risky situations in therapy. This paper will describe the project, outline the consumer feedback to date and describe what actions are suggested to protect consumers and minimise the incidents of sexual misconduct and other boundary violations.

S117 Enhancing Carer/Family Wellbeing
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Paper 20 Minutes: 'You are entitled to your own mental health': the role of carer organizations in promoting and sustaining mental wellbeing in families/carers.
Dymphna Peterson
The aim of the presentation is to critically examine the ways carer organizations support or extend the mental wellbeing of family members/carers. Families of people with mental
illness are entitled to their own mental health. But how do they best achieve and sustain this? And are carer organizations providing the answer? In this context the paper examines the challenge for carer organizations to provide ongoing service reflective of the carer's ongoing and changing needs. It looks at the limitations of service provision and in that light suggests some alternatives, both for carer organizations and for families/carers. Learning Objectives: 1. To critically examine the role of carer organizations in promoting the mental wellbeing of carers. 2. To explore ways that the mental health of family/carers can be achieved and maintained, looking to the services of carer organizations and beyond.

S117 Enhancing Carer/Family Wellbeing
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Paper 20 Minutes: Respite for children as respite for the parent?
Sabin Fernbacher
This paper will explore some of the issues of care for children of parents with a mental illness. Parents with a mental illness frequently find themselves in a bind when becoming unwell. It would support them and their mental health if someone else could look after their child for a while. At the same time, respite places are hard to come by, especially on short-term notice. Workers might try to assist to find an alternative solution. However, if the parent is hospitalised and nobody else is able to take the child, Protective Services may be involved, purely for the reason to provide respite and care for the child. This situation has proven to be problematic for all involved. What are some other solutions that could be possible in order to assist families and in particular single parent families, in this situation? This paper will discuss some innovative solutions, provide case examples and a summary of interviews with mental health workers on their views about this issue. Learning Objectives: What will people in the audience gain or learn from attending this presentation? People in the audience will gain an understanding of some of the complexities of providing a service to both, the parent and the child. Furthermore they will gain awareness about the interrelationship and the impact of support or lack of support to parents and their children. How is this topic/issue relevant to mental health services and mental health issues? This topic is relevant to the mental health and wellbeing of both, the adult/parent with mental illness as well as their child. Mental Health Services are involved in the life of their clients, which includes their family and hence their children. Addressing the issues of children impacts on the parent, whose well being in turn will impact on their child's well being.

S117 Enhancing Carer/Family Wellbeing
22/08/2002 From: 1330 To: 1500 Venue: Harbourside Meeting Room 6
Paper 20 Minutes: Is Compassion Still The Fashion?
Pauline Rubin
Interesting initiatives on the Sunshine Coast of Queensland reveal a growing positive response to Independent Professional Carer Support Workers with background in psychiatric nursing and assessment skills. National Respite for Carers Program is currently trialling an externally based program offering independent and confidential counselling for Carers of the frail-aged, the disabled and those with serious physical or mental illness. Essentially the focus is on listening to Carers and encouraging self evaluation of support needs. The program embraces an empowerment philosophy that acknowledges the personal strengths and potential of clients and seeks to develop practical coping strategies in a collaborative partnership model. Issues of social exclusion, perception of reduced personal value and limited hopes for the future often present in dysfunctional survival methods and can lead to erosion of physical and mental health. This program seeks to rekindle hope in clients and to highlight the urgent need for a more flexible and compassionate model of service provision in the Health Services in 2002. This paper will focus on the fundamental rights of all those in a Caring role to be acknowledged as valuable providers and consulted as to their specific personal needs. It will also suggest that present boundaries of service provision be re-visited and attention given to the changing support needs of this ever increasing group in society. Learning Objective 1. This topic is aimed at the audience gaining an understanding of the
new approaches to Carer health and well being that are the initiatives of the National Respite for Carers Program. An appreciation of the difference in 'providing a service' in favour of 'developing a collaborative culture of support.' Some thought provoking shifts in paradigm.

Learning Objective 2. The Conference theme 'There is no health without mental health' has particular relevance to this presentation. The mental health of the Carers of vulnerable citizens in our community is vital to ensure the maintenance of quality standards of care. The mental health profession has a duty to offer support that is timely, relevant, flexible and effective.

S118 Mental Health of Mental Health Workers
22/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 1

Paper 20 Minutes: Whose Side Are You On?
Rosanne Brabin  Patrizia Fiorillo

Mental health services have come a long way over the past century. From Prisons to Asylums to the de-institutionalisation movement and life in the community, the change in social values has led to a recognition of mental illness as a biological phenomena that causes those affected to experience themselves and their environment in a different way. In the past few years there has been a strong movement born from within the mental health service recipients themselves. This movement has increased worldwide awareness of the plight of people who experience mental illness. The slogan 'Mental illness is an illness like any other illness' resounds and has been heard in many forums, by many people. The fight for recognition of equality in civil and human rights and for an increased social awareness of the stigma and discrimination experienced in all areas of life has been addressed through policies, guidelines and legislation. The mental health system, however, with its close relationship to medicine and the law, has been slower in recognising the values and attitudes reflected in these changes. Furthermore, these changes are harder to implement within mental health organisations and between colleagues and employees. The personal and professional experience of a mental health professional currently employed in an acute community care team highlights the struggles, challenges and rewards of taking the courageous steps of disclosing mental illness and of seeking treatment when needed, while in full-time employment. This open communication and the development of a supportive environment has enhanced the team's ability to normalise mental illness and accept differences, getting a little closer to making a difference to the stigma and discrimination experienced by mental health professionals who have a mental illness. Learning objectives: People in the audience will gain: 1. An increased understanding of the challenges faced by professionals who experience severe mental illness and work within the mental health system. This topic is relevant to mental health services and mental health issues: 2. It highlights courage, determination and success for professionals who have a mental illness as well as the need to recognise stigma and discrimination within organisations towards colleagues and employees.

S118 Mental Health of Mental Health Workers
22/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 1

Paper 20 Minutes: 'Wounded Healers': Nurses With Mental Illness
Terry Ann Joyce  Mike Hazelton

It is thought that 20% of the population will be affected by mental illness at some time in their lives and of equal concern, only 38% of Australians having a mental health problem will use mental health services. As nurses make up a large percentage of the workforce it stands to reason then that a significant number of nurses will experience a mental health problem and not benefit from mental health services. My current study is exploring the experiences of nurses with mental illness working in Australian health services. Within a postmodern approach I am conducting a discursive analysis of the discourses associated with mental illness. This presentation will be an outline of my research in progress. I will also focus on the influence that mass media discourses have on the widespread negative stereotyping of mental illness. My study will contribute to the knowledge of stigma, assist nurses with mental illness to develop ways of meeting role expectations and provide the media with the

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opportunity to change the way that mental illness is portrayed. Learning Objectives 1. People in the audience will gain insight into some of the difficulties that nurses with mental illness face at the workplace. They will also gain some understanding of the role that the mass media plays in formulating the attitudes, opinions and values of society towards mental illness. 2. The National Mental Health Plan: Has a major focus on decreasing the stigma of mental illness. Insists that it is the right of an individual with a mental health problem to a safe and supportive work environment. Identifies health care workers as an agency to combat stigma of mental illness yet, literature suggests that nurses will conceal their mental health problems and/or leave the profession due to stigma.

S118 Mental Health of Mental Health Workers
22/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 1
Paper 20 Minutes: Working in Mental Health: Does it lead to Burnout?
Chris Lloyd  Robert King
Burnout is a complex phenomenon which consists of emotional exhaustion, depersonalization and reduced personal accomplishment. Staff feel that they are unable to give of themselves at a psychological level, develop a negative attitude about their clients, evaluate themselves negatively and feel dissatisfied with their accomplishments on the job. This has serious implications for the staff themselves, the clients they interact with, and the organisation. Little research has been conducted in the Australian context to determine the extent to which burnout may be an issue for mental health professionals. A cross-sectional survey of 302 mental health professionals, specifically occupational therapists and social workers, was conducted in Australian public mental health services. The findings revealed that there were no significant differences between occupational therapists and social workers on the burnout subscale scores. Significant findings showed that occupational therapists were more likely to want to change their workplace and that social workers were dissatisfied with their opportunities for supervision. We will be comparing these results with findings from other studies and also looking at the impact of work setting on MBI scores. The implications of these findings will be discussed. Learning objectives: 1. The audience will gain an appreciation of the extent to which burnout is affecting occupational therapists and social workers and, more specifically, what factors are predictive of burnout. 2. This presentation is relevant to mental health services as the audience will gain an increased awareness of the issues faced by mental health professionals and implications this has for service delivery and work practices.

S119 Partnerships in MHS Delivery
22/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 2
Paper 20 Minutes: A partnership approach to providing community based housing and support for people with serious mental illness
John Wade
In this era of community care some people with serious mental illness are unable to live in the community due to the complexity of their needs and their requirement for intensive support in their living situation. Working in close partnership a non government community support and a clinical treatment service can provide the comprehensive range and intensive level of service that this group needs to successfully establish and maintain community living. The paper will describe: the national policy and strategic framework for mental health service delivery in New Zealand, the service gap, identified need and the funder strategy used to promote collaboration between clinical treatment and supported housing services, how the service partners made it happen, creating a comprehensive memorandum of understanding, including: service specifications, statements of belief, commitment and recognition of respective expertise the clinical treatment and residential rehabilitation programmes staffing client profiles, key benefits of the service including: stability of housing; forming trusting relationships and a therapeutic alliance; managing challenging behaviour in the community; improved risk assessment and management; outcomes (including progress to more independent living; work; social involvement with the community; client satisfaction)
Learning Objectives: 1. The audience will learn how a separate clinical treatment service and housing provider have established a partnership and provide a service that is facilitating community living for people who had not previously been able to live in the community. 2. Living in the community is possible for people with complex needs and challenging behaviours. Working together, assisted by an agreed memorandum of understanding, clinical treatment and community support services can provide people with the full and coordinated range of services needed to live in the community.

S119 Partnerships in MHS Delivery
22/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 2
Paper 20 Minutes: Consultation With Carers - A Partnership For The Mutual Exchange Of Information
Susan Daly Pam Bruce Gillian Church Caryl Palmer
Carers have been shown to significantly reduce the strain on mental health services by an immense contribution to the well-being of mental health consumers, as evidenced by a lower rate of hospitalisation for consumers living with a carer. However, the needs of carers are not often considered when planning mental health services. To discover these needs at a local level, Central Sydney Area Health Service (CSAHS), in partnership with Schizophrenia Fellowship, the Mental Health Association NSW Inc and the Association of Relatives and Friends of the Mentally Ill (ARAFMI), hosted an Information Day for Carers of People Living with Mental Illness. The two aims of the day were to provide carers with information about services that can assist them and to learn the needs of carers so that services can be planned to accommodate them. The intention of this presentation is to discuss the insights we gained from this forum through feedback from the carers in attendance as well as how we are seeking to address their needs. Learning Objectives: 1. The audience will learn the benefits of partnerships and community consultation to identify the needs of carers and how a mental health service can help address those needs to the advantage of carers and mental health consumers. 2. The results of this consultative process have relevance to all mental health services because the needs of carers should be considered when planning those services. Issues for carers ultimately affect mental health consumers and their quality of life, the betterment of which is our mutual aim.

S119 Partnerships in MHS Delivery
22/08/2002 From: 1330 To: 1500 Venue: Pyrmont Room 2
Paper 20 Minutes: Partnerships or Perish: Consumer, Carer, Community, Government Partnership. A ‘Good Practice’ Model- The Anxiety Disorders Alliance Jenny Learmont
The Anxiety Disorders Alliance (ADA) (previously the OCD/TOP Support Group), a Standing Committee of the NSW Association for Mental Health, aims to provide a professional information line, referral service, consumer and carer support groups, and self help groups for consumers. From the outset ADA recognised the importance of developing partnerships/relationships with government, mental health teams professionals, area health services, volunteers and industry. In 1990 a small group of carers and consumers started the Obsessive Compulsive Disorder (OCD) support group with no funding. In 1994 it held a successful National Conference on OCD and associated disorders. The conference would not have been possible without sponsorship from pharmaceutical companies, private donations, NSWAMH backup, and a conference planner willing to take the group on for no payment till registrations came in. The conference profit enabled the OCD group to employ a part-time worker. A grant from the Paul Newman Fund covered phone costs for a year. Several one year project NSW government grants meant the OCD group could employ a full time worker to run ‘Triumph over Phobia and OCD’-self help groups, based on behavioural therapy led by voluntary leaders. In 2000, ADA held a National Anxiety Conference this time with funding from State, and Commonwealth Health Departments, as well as pharmaceutical companies and private hospitals. Donations, volunteers and a 3-year NSW Health Department grant now support ADA. Without partnership with government, industry,
professionals, consumers, carers, the community and volunteers ADA would not continue to exist. Learning Objectives 1. The audience will gain insight into the need to establish partnerships to ensure the viability of a mental health program. 2. Highlights that to sustain a viable service within the mental health arena, partnerships are an important part of service delivery.

S120 How to Work Better With the Media
22/08/2002 From: 1330 To: 1500 Venue: Skyline Room 1
Invited Symposium: Workshop: The Media - Manipulator or Manipulated?
Paul Dillon
Learn about some of the problems faced by researchers, workers and consumers wishing to promote responsible reporting of mental health issues in the media, and learn some simple skills about how to work with the media in more positive ways. Paul Dillon works as TheMHS Publicity Officer, and is the Publicity Officer for the National Drug and Alcohol Research Centre. He also can be heard on Radio JJJ.

S121 Creative Arts Therapies (part 2)
22/08/2002 From: 1330 To: 1500 Venue: Skyline Room 2
Invited Symposium: Workshop: The Creative Arts Therapies and Mental Health
Joanna Jaaniste Joanna Jaaniste Catherine Keyzer Maralyn Nash Rosemary Faire
This workshop aims to develop sensitivity, capacity for empathy and self-reflection, with a view to experiencing some of the struggles clients go through in their own recovery. Courage is needed by consumers in mental health, and this can be recognised by participants in finding their own relationship to the creative arts. Medication is one aspect of support for those managing their own mental health, but there are others, and self-expression is one of these. This can be summed up in the following quotation: ‘As creative arts therapists, we do not directly treat the primary illnesses presented to us, such as schizophrenia. No, we treat people's morale, self-esteem and courage in facing these life challenges, and help them ward off the depression, the hopelessness, and the anger that such conditions give rise to.’
Workshop Aims: Give participants the opportunity for empathic response and self-reflection through an experience of all the creative arts therapies. In a sensitive manner, determine the comfort zone of each group member and assist with their safety within it. Allow participants an arena for their self-expression, their awareness of their client’s self-expression, and their capacity for enjoyment. NUMBERS WILL BE LIMITED IN THIS WORKSHOP.

S122 Quality Improvement as Evolutionary Reform
22/08/2002 From: 1330 To: 1500 Venue: Skyline Room 3
Invited Symposium: Quality Improvement in the evolutionary reform of Mental Health Services
Sadie Robertson Paula Hanlon Doug Holmes Andrea Taylor John-Lam-Po Tan
Symposium Quality Improvement in the evolutionary reform of Mental Health Services Quality improvement is an evolutionary process that involves all parties in the planning, development, monitoring and evaluation processes of service delivery. It is not a new concept and needs to be embraced by clinicians and services to ensure services are being performed in a continuously improving manner. This symposium will demonstrate to clinicians how practice can be improved, both in terms of clinical work and in terms of service design and provision. For consumers and carers, an understanding of how a quality improvement approach can be employed to assist and support services to improve outcomes. Participants will be provided with materials, which will allow development of skills to identify, implement, monitor and evaluate quality practices. Paula Hanlon will briefly present an outline of quality improvement and clinical practice improvement and describe the tools of quality improvement. Andrea Taylor will report on the practical applications in quality improvement in services. Douglas Holmes will describe consumers’ application of quality improvement to reflect the way in which the National Standards for Mental Health Service are implemented. John Lam-Po-Tang will talk about how he has applied quality in his clinical
work. These four presentations will be brief to ensure that there is at least half an hour for discussion and feedback during the session. Learning objectives: All participants will be informed of the practical application of quality tools, practices and applications for all aspects of service delivery. Participants will receive a copy of the 'Clinician's Toolkit' developed by the NSW Department of Health. Session will be chaired by Sadie Robertson. Brief description of invited symposium on quality. Quality Improvement in the evolutionary reform of Mental Health Services. Quality improvement is an evolutionary process that involves all parties in the planning, development, monitoring and evaluation processes of service delivery. It is not a new concept and needs to be embraced by clinicians and services to ensure services are being performed in a continuously improving manner. Paula Hanlon (Consumer surveyor, ACHS), Doug Holmes (CEO, NSWCAG), Andrea Taylor (Ryde Community MHC) and John Lam-Po-Tang (Psychiatrist) will demonstrate examples of continuous quality improvement from a number of perspectives - service, consumer and clinician.